1 -	FOR STATE REGISTRARWillhelmina		OF MAKYLAND EALTH AND MENTAL HYGI CATE OF DEATH	REG. NO	2 3 2	0 3
(TYPE	CEASED NAME FIRST	MIDDLE	wardt	(B 3 85	5 1208 AM
1 SE	Female	White Jak	uary 4, 1904	6 AGE (IN YEARS LAST BIRTI	YRS MONTHS D	AYS HOURS MIN.
all	23 hug ston DC	MARRIED WIDOWEI	DIVORCED [Monto	omery	CO, MD.
B	ethesda / 50	OF HOSPITAL, NURSING HOME O	soital		WORKING UPLI INDUS	
20	Sulvad & Secre	13c CITY OR TOWN	13d INSIDE CITY LIMITS? YES NO [6811 TECH	Top Boa	0,7/2
2	Hoderick St	chwarz	MOTHER'S MAIDEN NAM	MIDDLE	,	LAST
	(IF YES, GIVE WAR OR DA		Therie Roblin	2 6811 Red J.	p. Rd. P.S.	o.bs. ML.
	18 CAUSE OF DEATH (Enter only one cour PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (f 05 1 0	· lobe pri	semon	l de l'é	PROXIMATE INTERVAL PEN ONSET AND DEATH
	Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost.	O, OR AS A CONSEQUENCE OF b) O, OR AS A CONSEQUENCE OF				
NOIL	Part 2 OTHER SIGNIFICANT CONDITION Pryclistic depr	soin, oster	orthutes			
CERTIFICATION		ONDITION FOR WHICH OPERATION		YES NO	20b. IF YES, WERE FI IN CERTIFYING CAU YES [USES OF DEATH?
		ME OF INJURY IR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPAR	1 2)
MEDICAL		ACE OF INJURY ME STREET FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOV	AN COUNT	Y STATE
	220. I certify that (I) (the publ) attend saw the deceased alive an obove, (I) (was add) (did not) view the	12/85 19	d that in (my) (my) opinion of	to 8/2/ deoth occurred an the da		that (1) (we) last the causes stated
	Ith SIGNATURE Fre	settly.	ATTENDING PHYSICIAN	MEDICAL STAF	F	SATE SIGNED

FAWCETT

22e ADDRESS

1983 - NAME OF CEMETERY OR CREMATORY 1236 LOCATION
Balto-Washington Laurel P. G. OUNTY CO. Md. Takoma Funeral Home Inc 1254 Carro 11 St. N. W. D. D. CAUS 6 1985

DHMH - 16 60M 7/84 (VRA 15, 4)

C. 1 1 5 7 7 5 Weile February 7, Mit 81 Signal 1.84 a ashing on 2 C Howerswarker minument to the state for a self to the Flore Frankrice Schulery Marker copin 28 + Their falling 18 6 May 1 le be 6 Mit. the second of the warms of Com Wenselma Ro. Dosos

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI

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	1-	STATE REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	10.		
		CEASED NAME FIRS	RRIS	DIE	1 PE	RIN	20 DATE OF DEATH	MONTH 2/	1985	26 HOUR
	3 SEX		4 RACE White		5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
1	C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		3	Lary 15, 190	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
7	10 CI	YORK City	(IF NOT IN SUCH F	SPITAL, NURSING	DRESS)	DIVORCE X	120 USUAL OCCUPAT	TON OF WORKING HE	E) INDUSTRY	F BUSINESS OR
2	U5UA 13a S		ME OR OTHER INSTITUTION GE	ross Hosp veresioence before a 3c CITY OR TOWN Bethesda	DMISSION)	13d. INSIDE CITY LIMITS? YES XX NO []		/ ZIP CODE	11	ng Gara u. #20
6		THER'S NAME Unascertaina		us certain		Fanny	MIDDLE	(Uni	ascerta	inable)
-		(AS DECEASED EVER IN U.) ES NO OR UNKNOWN) (IF Y	ES GIVE WAR OR DATES)	558-03-93		Philip Alpe	1608 Par erin Silver	iham Re Sprina	oad, Marul	and 209
		18 CAUSE OF DEATH IEM PART I. DEATH WAS CA	ter only ane cause per lin AUSED BY: EDIATE CAUSE (a)			HEART F	FAICUNE		BETWEEN O	MATE INTERVAL DISET AND DEATH
		Conditions, if any, whice gave rise to immediate cause (a), stating the underlying cause las	DUE TO, OR	AS A CONSEQUENT		HRANT	DISPERSOE		100	jears
	N OI	PART 2 OTHER SIGNIFICATION A 3 12 7		C(TUS)			RMINAL DISEASE OR COM	IDITION GIV	EN IN PART TO	
2	CERTIFICATION	190. DATE OF OPERATION	196 CONDITI	on for which o	PERATION	WAS PERFORMED	200 AUTOPSY? YES NOW		, WERE FINDIN YING CAUSES S	
1		21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MFDICAL EXA	OF DEATH HOUR A.M.	MONTH DAY	YEAR 19	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJ	JRY IN ITEM IS P	ART OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY FACTORY OFFICE, FAR	M ETC)	21f LOCATION STREET	CITY OR TI	OWN	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

REISKIN, MD 8/25/1985

8-21

220.1 certify that (I) (this hospital) ottended the deceased from

saw the deceosed alive an above, (I) (we) (did) (did not) view the body after death

23¢ NAME OF CEMETERY OR CREMATORY NEW MONTEFIORE CEM.

DEGREE

RAMONSTON DRIVE

ight (aur) opinian death occurred on the date and hour and from the couses stated

FARMINGDALE.

220 DATE SIGNED

8-21-85

DONALDOMSTOSTEIN HEBREW MEMORIAL CARROLL STREET, N. W., WASHINGTON, D. C.

e Deviden Randell

T - STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 O FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

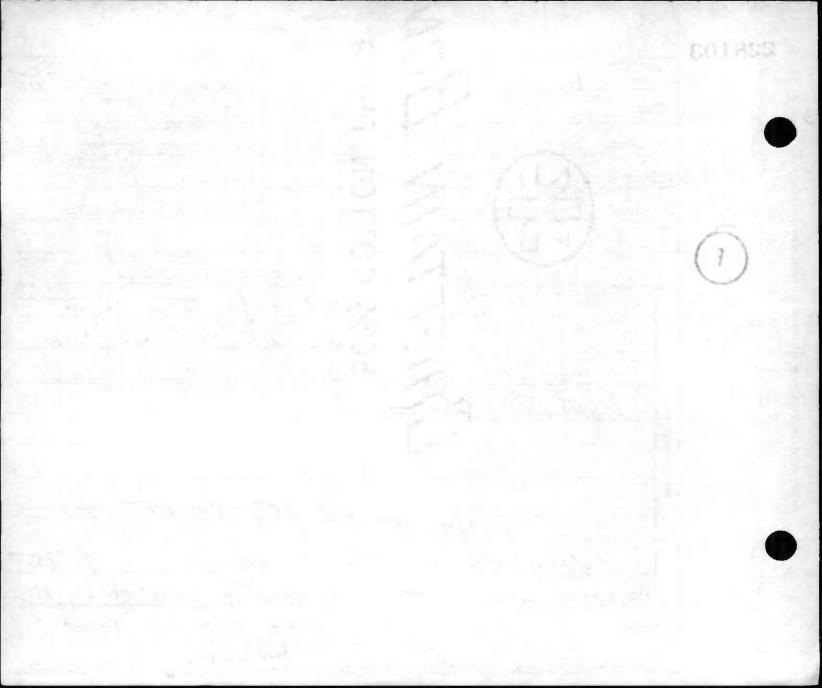
NE)		
146		

Julia Davidson Bandelle

REGISTRAR						REC	3. NO.			
DECEASED NAME FIRST	٨	AIDDLE	LAST			20 DATE OF DEAT	H MONTH	DAY YEAR	2h.H0	OUR
Ros	SE	AL	TSCH	LLLE	R	Aug.	4.	1985	11	XX N
3. SEX	4 RACE		5. DATE OF 8		1	AGE INVENSIA	T BIRTHDAY)	MONTHS DAT		DEED SOUTH
Female	White		April	15, 1	894	91	YR		HOUR	RS MIN.
O BIRTHPLACE STATE OR EOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MA	ADDIED []	BALTIMORE CIT				
Russia	U.S.A.		WIDOWED		DRCED [Montgo	mery	County	7,	MI
IO CITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING	HOME OR C	THER INSTIT	TUTION	120 USUAL OCCU				INESS OR
Silver Spring	HOIV (ross Hos	nital			Housewif	e		ome	
USUAL RESIDENCE (IF NURSING HOME 13a STATE 13b CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE A	DMISSION)	I. INSIDE CIT	V LIMITS2 1	34 STREET ADDRE	SS / 7IP CC	ODE		
Maryland Mont	gomery	Rockville		3.7	10 🗆	6111 Mon	trose	Road (2	20852	2)
14 FATHER'S NAME EIRST	WIDDLE	LAST	15		MAIDEN NAM	E MIDD	I F		LAST	
Morris		Dozor		Hoda	a					
(YES NO OR UNKNOWN) (IE YES	ARMED FORCES?	166 SOCIAL SECUR		INFORMAN				Spring,		
(YES NO OR UNKNOWN) (IE YES		577-48-26	513 1	Jeon A	ltschul	Ler;12001	Old (
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per	live for to (b), and	15	21	1	1 -	-	APPR BETWEE	OXIMATE IN EN ONSET A	NTERVAL AND DEATH
	ATE CAUSE (a)	VCit M	your	raga	Ru	Jane	1000	Do	up	
	DUE TO, OF	R AS A CONSEQUEN	ICE OF	4	/	9	. 0	11	A	
Conditions, if ony, which	((b)_	Deney	aliz	ed.	a	4en 020	luo	200 1/1	our	o o
gave rise to immediate couse (a), stating the	DUE TO THE	R AS A CONSEQUEN	ICE OF					/		
underlying cause last	(6)	CAS A CONSECUEN	101 01							
PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO DE	<u>ath</u> but no	T RELATED T	O THE TERMIN	NAL DISEASE OR C	ONDITION	GIVEN IN PART	110	
190, DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	17-9	Velux								
190 DATE OF OPERATION	196 CONDI	TION FOR WHICH C	PERATION V	AS PERFOR	MED	200 AUTOPSY?		YES, WERE FINE		
<u> </u>						YES NO		YES [NO	
210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DAY	VEAD 21	ILMI WOH	JRY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART 2	1	
OR CONTRIBUTING CAUSE OF I	ZEATH		19							
GREENHER NOTIFY MEDICAL EXAMINED	21e PLACE C	OF INJURY EET FACTORY OFFICE FAR		LOCATION	1	CITY	ORTOWN	COUNTY		STATE
WHILE NOT WHILE AT WORK	(AT HOME SIK	EET FACTORY OFFICE FAR	(M. EIC.)	10	0-	- 0	-			
220.1 certify that (1) (this ho	pital) ottended the			6/1	19	10 10	reen	. 19	, that []	li (we) last
saw the deceased alive	not valve the body	of the 19 A	and tl	not in (my) (c	our) apinian de	eath occurred on th	e date and l	haur and from t	he causes	stated
27k SIGNATURE	1	1	DEC	REE				22c. DA	TEAIGNE	Ji .
1111	ht	416	MY) AT	TENDING TYSICIAN TO	MEDICAL DIRECTOR PH	STAFF YSICIAN []	8	157	85
220. PHYSICIAN'S NAME (TYP	Contract of the Contract of th		22	e ADDRESS				-		
ABRAHAM	W-D	ANISH		1106	SORINIE	557-5	LUER	Sarin	19	BIT
23a. BURIAL, CREMATION, REMOVA	AL 23b DATE	123c NA	AME OF CEMI	TERY OR CR	EMATORY	23d LOCATION		- V		-
Burial	8/6/8		Lebar			Adelphi	P.G.	.; Maryl	land	STATE
4 FUNERAL DIRECTOR DANZA	NSKY-COT I					REC'D. BY REGIST	RAR 256 REC	SISTRAR'S SIGN	ATURE	
1170 Pockvillo					AUG	RECD. BY REGIST) dis	in Saids	- 2	1.00

1170 Rockville Pike; Rockville, Md. 20852

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

2	5	0.0	U	0

08/25/85

IF UNDER ! YEAR

REG. NO

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

20. DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

1	(TYPE OR PRINT)	FIRST		MIDDLE	L	AST
\$ 55 5	(TIPE ORPRINT)	JACK		J	AN	GEL
out of	3. SEX	4	RACE		S. DATE C	
1 11 7	MALE			AUCASION	06	/30/04
198	Greece	OR FOREIGN 76		WHAT COUNTRY?	MARRIE WIDOWE	
1/2	BETHESDA		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET, AN HOSPIT	ADDRESS)	OR OTHER IN
M 3	JSUAL RESIDENCE (IF) 130 STATE Maryland	NURSING HOME OR OT 13b. COUNT Montgo	Υ	13c. CITY OR TOW Rockvil	N	13d INSIDE YES 🔀
1	Juda	Μij	DDLE	Ange:	1	15 MOTHER De
A	(YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	579-46-4		17 INFORM
equires that the death certificate in signed by the ottending physics Then places remove cartering appropriate to bursol, cremation, or interest thingury, or other fraumants event the	Conditions, if components to couse (a), st underlying co	IMMEDIATE ony, which immediate ating the use last	BY: CAUSE (a) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	ial.
nos bee permit.	190 DATE OF OPE			ONTRIBUTING TO E		
ICtar g ph entities intoll		CAUSE OF DEATH		FINJURY M. MONTH DA M.	YEAR	21c HOW I
IG PHYS	21d INJURY OCC		21e PLACE		ARM_ETC 1	211 LOCAT
Z + 0 + 0 \		~	-		45.1	

1170 Rockville Pike; Rockville, Md. 20852

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20716
rive; Bowie, M
PROXIMATE INTERVAL EEN ONSET AND DEATH
homelute
. /

should be detached for use as the with the State Dept. of Health and IMPORTANT: If Hem 21 is marked to TO FUNERAL DIRECTOR, After

DHMH - 16 60M 7/B4 (VRA 15, 4)

į	To BIRTHPLACE I STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	FDEATH
	Greece	MONTGOMERY	WIDOWED DIVORCED	MONTGOMERY	MD.
	BETHESDA	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SUBURBAN HOSPIT	CAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) BUSINESS OWNER	12b KIND OF BUSINESS OR INDUSTRY Grocery
7			13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP CODE 11801 Rockville I	(20852) Pike, #911
/	14. FATHER'S NAME Juda	Ange.	1 Delicia	MIDDLE	(Unknown)
1	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 579-46-4		ADDRESS 15578 Peach Walke	20716 er Drive:Bowie.M
1	PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE	cardial Infan	dion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Show-lett Ale=1984
2			DEATH BUT NOT RELATED TO THE TERM		N IN PART I (a
0	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	THE CONDITION TOK WINCIP	TOTERATION WASTERFORMED		NG CAUSES OF DEATH?
3	A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) A WORK AT WORK AT WORK		19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	COUNTY STATE
くこ	220 I certify that (1) this hasp	Willen the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN D	8/2-5/85
	236. BURIAL, CREMATION, REMOVAL BURIAL 24 FUNERAL DIRECTORDANZAN	8/27/85 Kir	NAME OF CEMETERY OR CREMATORY ng David Memorial C ORIAL CHAPELS 250 DATO	dh.; Falls Church	COUNTY STATE 1: Fairfax: Va. AR'S SIGNATURE

Whale

2	3	2	U

FOR STATE REGISTRAR		DEPARTA	MENT OF HEA	OF MARYLAND LITH AND MENTAL HTC ATE OF DEATH	GIENE 2	. NO.	2. 0 /	
I. DECEASED NAME	Russell	H-ULL A	Arment		20 DATE OF DEATH		28 85	2:38AI
3 SEX MALE	4 RACE CAUC	CASIAN	5 DATE OF	8,7 894 YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
70. BIRTHPLACE (STATE OF VIRGINIA	DR FOREIGN 76 CITIZE	OF WHAT COUNTRY?	MARRIED WIDOWED	XXVEVER MARRIED	9 BALTIMORE CITY	-		MD.
Olney		e of Hospital, Nursin Lysuchfaculity Give street Egomery Ge		OTHER INSTITUTION Hospital	12a USUAL OCCUP (TYPE OF WORK FOR MO		LIFE) INDUSTRY	DF BUSINESS OR
MARYLAND 14 FATHER'S NAME FIRST	MONTGOME!	13C CITY OR TOW STLVER S LAST	SPRING 15	BILLINSIDE CITY LIMITS? YES NO OF THER'S MAIDEN NA	13e STREET ADDRES	SS / ZIP CO	DE 209	D BLVD.
EDWTN 160 WAS DECEASED EVE (YES, NO OR UNKNOWN) VFC		ES? 166 SOCIAL SECU	IRITY NO. 1	7 INFORMANT	ENTROUT	SAME		WIFF
	WAS CAUSED BY: IMMEDIATE CAUSE	se per he for (a), (b), on	wome	7	A. A. A.	4	APPROXI	IMATE INTERVAL ONSET AND DEATH

COV / A	BETWEEN ONSET AND DEAT
DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	36 hours
	(16) muserel pulmona elbolism

0/26/02	Contra Consol I destinad	100	YES NOLE	YES	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	A HOW INJURY OCCURRE	D. Tempe martiale of mouse position	FIR. PART + OR PART 3)	
21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	TH. LOCATION	City OR TOWN	ODMANTA	STATE
MHILE NOT WHILE AT WORK		A 05			

22a I certify that (I) (this haspital) attended the deceased from

saw the deceased alive an above, (I) (we) (did) (did not) view the bady after death. bled on the date and haur and from the causes stated DEGREE

1 others Deverso	PHYSICIAN DIRECTOR PHYSICIAN	28/
22d. PHYSICIAN'S NAME (TYPE OR PRINATE	The ADDRESS DI II . D GI	

1	1.6	homa	5 De	bevose	18111	PHACE	Thelly	0
22. DIIDIAI /	DE MATION	DEALGRAN	AND DATE	DO NIAME OF CE	METERN OR CREAT		ALLOCATION	1

230 BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION

CITY OR TOWN

74 FUNERAL DIRECTOR FRANCIS J. COLLINS ADDRESS NAME 500 UNIV. BLVD. W. SILVER SPRING, MD.

DHMH - 16 60M 7/84 (VRA 15, 4) 5

he burial-transit 8

marked or he

GETANT

CERTIFICATION

MEDICAL

DATE OF OPERATION

CREMATORY ALEXANDRI 250. DAY SEC D. BY REGISTRAR 256 REC AUG 3 O 1985

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ENDING

I the detached for

Superconduct Control House La

within 24 hours ofte

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

BP.

DHMH = 16 60M 7/9 (VRA J5, 4)

retained by the haspital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

La	5	60	J	4

4								REG. N			
		EASED NAME	FIRST		MIDDLE	L	AST .	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
34	(IAbF	OR PRINT)	EDDY	BR	UCE	ATW	VELL	AUG	UST 2	23 1985	10:04A
0 1	3 SEX	(4 RACE		5. DATE O		6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HR
1		MALE		CAUCASI	AN	June	11 1961	24	YRS	MONTHS DATS	HOURS MIN
3/07	7a BIF	RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	GE	ORGIA	1	UNITED	STATES	WIDOWE		MONTGO	MERY		,
210 1		TY OR TOWN OF DEAT	H /	11. NAME OF I	HOSPITAL, NURSING HEACHLITY, GIVE STREET HOSPITAL	NG HOME C (ADDRESS) L	OR OTHER INSTITUTION	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST) U.S. NAVY		FE) INDUSTRY	D FORCE
47	GE GE		SEMIN	TY	OWE RESIDENCE BEFORE 134 CITY OR TOW DONAL SOI	VN 1		RT 3, BOX	/ ZIP CODI 114	9317	45
3	MO	THER'S NAME RISON		DELL	HIČKS		SHIRLEY	HELEN			WELL
3		VAS DECEASED EVER IN ES NOORUNKNOWN)		-1985	255-25-2		SHIRLEY HELEN	N ATWELL DO	ESS RT NALSON		GA 317
		18 CAUSE OF DEATH PART I. DEATH WA			line for (o), (b), on RESPIRAT			19.3		BETWEEN	XIMATE INTERVAL
r other froumo		Conditions, if any, gove rise to imme cause (0), stating underlying cause	ediote	(b)_	R AS A CONSEQUI ACQUIRED R AS A CONSEQUI	D IMMU	NE DEFICIENCY	Y SYNDROME	T.		
outy injury, or other froumo	FICATION	gove rise to imme cause (0), stating underlying cause	the last	DUE TO, OI	ACQUIRED R AS A CONSEQUE DISTRIBUTING TO	D IMMU	NE DEFICIENCY NOT RELATED TO THE TERM N WAS PERFORMED	NINAL DISEASE OR CON	20b. IF YE	S, WERE FIND FYING CAUSE	INGS USED S OF DEATH?
snews any injury, or other froumo	ERTIFICATION	gove rise to imme cause (o), stating underlying cause PART 2 OTHER SIGNI 190 DATE OF OPERATION	ediate the last FICANT C	DUE TO, OI (c) ONDITIONS CC	ACQUIREI R AS A CONSEOUI DITING TO I	D IMMU	NOT RELATED TO THE TERM N WAS PERFORMED	100 AUTOPSY? YES NOW	20b. IF YE IN CERTII	S, WERE FIND FYING CAUSE ES	INGS USED
-/	0	gove rise to imme cause (0), stating underlying cause PART 2 OTHER SIGNI 190 DATE OF OPERATION 210, ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE	ediate the last FICANT C ON RLYING BUSE OF DEA'	DUE TO, OI ONDITIONS CO 196 CONDI 216. TIME O HOUR A.	ACQUIRED R AS A CONSEQUE DITION FOR WHICH IF INJURY M. MONTH D.	D IMMU ENCE OF DEATH BUT H OPERATION	NOT RELATED TO THE TERM	100 AUTOPSY? YES NOW	20b. IF YE IN CERTII	S, WERE FIND FYING CAUSE ES	INGS USED S OF DEATH?
-/		gove rise to imme cause (o), stating underlying cause PART 2 OTHER SIGNI 190 DATE OF OPERATION 210, ACCIDENT WAS UNDER	ediate the last FICANT C ON RLYING BUSE OF DEA' LL EXAMINER!	DUE TO, OI ONDITIONS CO 196 CONDI 216, TIME O HOUR A. P. 21e PLACE	ACQUIRED R AS A CONSEOUR DITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY	D IMMU ENCE OF DEATH BUT H OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJURE)	20b. IF YE IN CERTII YE	S, WERE FIND FYING CAUSE ES PART I OR PART 2)	INGS USED S OF DEATH?
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CEASED NAME

male

Dr. STATE

Maryland

4 FATHER'S NAME

Sliman

BIRTHPLACE (STATE OF FOREIGN

0 CITY OR TOWN OF DEATH

Takoma Park

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PRESTON ST

DIVISION OF VITAL RECORDS.

Film G606 item 1 1 - STATE 8/23/85

RACE

ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

N/A DATES)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

21b. TIME OF INJURY

21e PLACE OF INJURY

9/11/85

8-15-1985

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

IMMEDIATE CAUSE (a)

220.1 certify that (1) this haspital) attended the deceased fram.

abave, (1) (we) (did vaid not) view the bady after death

Sheila C. Gelman, M.D.

Montgomery

USA

ISHAO

Shag

136 COUNTY

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which

gave rise to immediate cause (a), stating the

underlying cause last

90 DATE OF OPERATION

21d. INJURY OCCURRED

NOT WHILE AT WORK

Ma ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased alive an

224. PHYSICIAN'S NAME (TYPE OR PRINT)

herla

SULAIMAN Shaw a

1. NAME OF HOSPITAL NURSING HOME OR OTHER IN (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

CITY OR TOWN

Ayoub 166 SOCIAL SECURITY NO

363-42-0450A

Serzuse

metastatio

196 CONDITION FOR WHICH OPERATION WAS PERF

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE FARM ETC)

Washington Adventist H

Silver Spring YES X

respiratory

white

76 CITIZEN OF WHAT COUNTRY?

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

MARRIED | NEVER

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WIDOWED

AYOUB

10

15. MOTHER

17 INFORM

Issa I

21c HOW I

211 LOCAT

and that in

DEGREE

22e ADDRE

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IF UNDER I YEAR

2b HOUR

IF UNDER 24 HRS

REG. NO

MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

20. DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

DIVORCED	Montgomer	у	MD.
other institution st Hospital	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF)		Restaurant
INSIDE CITY LIMITS?	13. STREET ADDRESS / . 9316 Piney	zip code Br. Ro	ad 20403
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hat in (my) (aur) apinian o			85_, that (1) we) last and fram the causes stated
ATTENDING PHYSICIAN	MEDICAL STAFF	AN []	220 DATE SIGNED 8/2/85
e ADDRESS 10500 Sumr	nit Ave K	ensin	ston, md 2080
etery or crematory leaven Cemete	23d LOCATION by STTVer S	pring	Möhtg. Mä.
7e., 25a. DATE	REC'D. BY REGISTRAR 2	Sh REGISTRA	R'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

ald be determed CRIANT.

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL (SPECIF Burial

226 SIGNATURE

Hines Rinaldi Funeral Home

11800 N.H. Ave., Silver Spring, Md.

23c NAME OF CEMETERY OR

Gate of Heave

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DIVISION OF VITAL RECORDS, 201 W. PRESTON 5T., BALTIMORE, MARYLAND 21201		2 5 6	4
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029		FOR 9/11/854 r: STATE REGISTRAR	ja DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENT, CERTIFICATE OF DEAT	REG. NO.	10
ge 3 deoth		CEASED NAME FIRST	A MIDDLE	BAIRD	20 DATE OF DEATH MONTH	5 85 149 p.
tor. po	3 SE	×	4. RACE WHITE	5. DATE OF BIRTH MONTH 12 DAY 31 YE	6. AGE (IN YEARS LAST BIRTHDAY) 80 YRS	IF UNDER YEAR IF UNDER 23 HRS
計 55		RTHPLACE (STATE OR FOREIGN COUNTRY) ENTUCKY	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIED NEVER MARRIE WIDOWED DIVORCE	BALTIMORE CITY OR COUNTY	
168	10. C	Silver Spring	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE PURSAR BUTSAR	No KIND OF BUSINESS OR INDUSTRY SCHOOL
A)35	13a	STATE 136 COU	NTY 13c CITY OR I	EFORE ADMISSION)		
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Popul L		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)		DAUGHTER) ADDRESS MIGUEZ, 1604 RIDOUT RI	21401 D.,ANNAPOLIS,MI
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for ye of Medit		220 I certify that 1) this hosp saw the deceased alive or	itol) attended the deceased fro		opinion death accurred an the date and hav	19 that (I) we) last i and from the causes stated
AL DIRECTOR DEPT.		226. SIGNATURE	Placer	DEGREE ATTENE	DING MEDICAL STAFF CIAN DIRECTOR D PHYSICIAN D	8/15/DS
POSTANI		JAMUEL :	TOP CO 13	22e ADDRESS		
251E		BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	8/16/85	23c. NAME OF CEMETERY OR CREMA	MATORY ALEXANDRIA.	VIRGINIA STATE
H - 16 60M 7/84 (VRA 15, 4)	24. F	UNERAL DIRECTOR RICH	ARD RAPP, INVALUENCE IN INVESTED PROPERTY.		AUG 1 9 1985	BARS NGWA WANDE

DHMH - 16 60M 7/84

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIERE

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REGISTRAR			CENTIFICATE	IL DENIU	REG. NO.		
I DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH MONTH	OAY YEAR	2b HOUR
(TYPE OR PRINT)	Helen	н.	Baker				2:25a N
3. SEX	4.		MONTH D	AY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.
	OR SORSION 71	CITIZENI OF WHAT COUNTRY?	11	27 00			
C. Charles and Carlotte and Car							7.44
0lney		(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER	INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Teacher	LIFE) INDUSTRY	of Business or School
Maryland	13b COUNT		ring 13d INSI	NO 🗌	3466 Gleneagle		20906
14 FATHER'S NAME Frank	C	Howe Hove	15 MOTI	Emma	WE	Capwe	<u>11</u>
		MAR OR DATES			husband see	13	
18 CAUSE OF DE PART I. DEAT	H WAS CAUSED	BY Condin	die			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH Man Cet
gove rise to couse (0), st	immediate oting the	(b) 100 dec	ie /th				humile.
4.4	IGNIFICANT, CO	Polyme olgi			INAL DISEASE OR CONDITION (GIVEN IN PART 1	0
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OR CONTRIBUTION	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 19 21c. HO	W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	B PART I OR PART 2)	
21d. INJURY OCC		21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA		ATION	CITY OR TOWN	COUNTY	STATE
sow the dec	eased alive on	8.12.			death occurred on the date and h	nour and from the	that (I) (we) lost couses stated
22b. SIGNATURE		116	hes DEGREE		MEDICAL STAFF DIRECTOR PHYSICIAN		SIGNED . /3.55
OLIVE	R. J. L	LAW/ESS M		1 PRuce	PHILIP DRIVE	OLNEY	MD.
(SPECIFY)					23d LOCATION CITYOR TOWN Alexandria	COUNTY	rginia
NAME		-AUUKESS		All	G 1 6 1985	Mirita.	" mindania
	I DECEASED NAME (TYPE OR PRINT) 3. SEX Female 70. BIRTHPLACE (STATE Pennsylvan) 10 CITY OR TOWN OF Olney USUAL RESIDENCE (IF IT	I DECEASED NAME (TYPE OR PRINT) Helen 3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN TO PENDSYLVANIA) 10 CITY OR TOWN OF DEATH IN CITY OR TOWN OF DEATH IN COUNTY MARYLAND MONTGO 14 FATHER'S NAME FERST (180. WAS DECEASED EVER IN U.S. ARM (YES. NO OR UNKNOWN) 18 CAUSE OF DEATH IENTER ONLY PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o.), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT, CO PART 2 OTHER SIGNIFICANT, CO 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 220. I certify that (1) (Hab hospital with work of the work) AT WORK 220. I certify that (1) (Hab hospital work) SOW the deceased alive on obove, (1) (We) (did) (did not). 22b. SIGNATURE 220. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 24 FUNERAL DIRECTOR ROBERT NAME	Helen H. 3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN PENNSY) I VANIA 10. CITY OR TOWN OF DEATH United States 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE RESIDENCE BEFORE 130 STATE 130 COUNTY 133 CITY OR TOWN OR DEATH 130 COUNTY 133 CITY OR TOWN OR UNKNOWN) 14. FATHER'S NAME FRANK FRANK 156. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECU 145 NOOR UNKNOWN) (IF VES. GIVE WAR OR DATES) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECU 145 NOOR UNKNOWN) (IF VES. GIVE WAR OR DATES) 178. CAUSE OF DEATH IENTER ONly ONE COUSE PER ING FOR (ID. 16), ONE PART I. DEATH WAS CAUSED BY. 189. DATE OF OPERATION 199. CONDITION FOR WHICH 199. CONDITI	I. DECEASED NAME	DECEASED NAME	The Deceased Name Table Table	The precision of the

F.E. Suncia 1985 13, 17 100 P. C. P.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 DECEASED NAME FIRST (TYPE OR PRINT)	WIODEE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR P
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3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COL		RAITIMORE CITY OR COUNT	Y OF DEATH
MISSOURI	USA	WIDOWED DIVORCED		MD.
10 CITY OR TOWN OF DEATH		NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
SANDY SPRINGS		TURSING HOME	RETIRED	UNKNOWN
USUAL RESIDENCE (IF NURSING HOME 130. STATE			2 112- STREET ADDRESS / 71D COD	
	TGOMERY SAND	SPRINGS YES X NO	? 13e.STREET ADDRESS / ZIP CODI 17340 QUAKER	LN. 20860
14 FATHER'S NAME	WIDDLE	AST 15 MOTHER'S MAIDEN	NAME	LAST
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160 WAS DECEASED EVER IN U.S.		AL SECURITY NO. 17 INFORMANT	D. BAKER ADDRESS	Md
NO -		3-3408 MEDICAL REC	D. BAKER 201 VIERL	ING DR., SIL.SPR
18 CAUSE OF DEATH (Enter	only one couse par lon for (a)	the and in .	//-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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gave rise to immediate cause (a), stating the	DUE TO, OR AS A COL	NS POLESCE OF 2 1/ ->	//	Voc
underlying couse last.	(c)	745 C V. D		1/12)
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The Congress On	6/12	DATTENDING	C AMEDICAL STAFF	225DATE SIGNED
1 -01/49	K-1/90	PHISICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/7/80
274 PHYSICIAN'S NAME (TY	PE OR PRINT	77* ADDRESS	151 M1	7207
1 2000	HED K TE	WIS TO UL	NET , ola	00036
23a. BURIAL, CREMATION, REMOV		23c NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	COUNTY STATE
CREMATION	8-11-1985	CHAMBERS CREMATORY	RIVERDALE,	P.G.C. Md.
24 FUNERAL DIRECTOR	Al	DDRESS	DATE REC'D. BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
W. W. CHAMBERS (CO.INC.	CTIVED CDDTMC MA	AUO 4 E MOS	Tairidan Bandalla

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DHMH - 16 60M 7/B4

injury, or other troumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the buriol-transit permit. Then please remove carbon pape with the State Dept, at Health and Mental Hygiene prior to buriol, cremation, ar removal.

ATTENDING PHYSICIAN The low

TO HOSPITAL

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OBSECTION OF THE ORIGINAL PROPERTY.

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DELLA

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REGISTRAR

1 DECEASED NAME

BARLOW

5. DATE OF BIRTH

MONTH

28-85

126 KIND OF BUSINESS OR

STATE

, that HE (we) lost

MONTH

20 DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

MPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

	temale		Cauca	25190	Ma	14	1898	87	YRS	3 24	
7a 8	IRTHPLACE (STATE OR FI	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8	D NEVER	ALABBIED []	9 BALTIMORE CITY	R COUNTY C	FDEATH	
	N.C.		u.	S,	WIDOWE		VORCED T	Wicor	nico		
10 C	Sulv bury	TH 1		HOSPITAL, NURSING HEACILITY, GIVE STREET		Mosine	Hone	12a USUAL OCCUPAT (TYPE OF YORK FOR MOST)		126 KIND OF BUSI INDUSTRY	INESS
	AL RESIDENCE (IF NORS) STATE	136 COUNT		136 CITY OR TOW	N	13d. INSIDE C	NO [STREET ADDRESS		WESTCVER	3
4 F	Tuho	Ĺ	IDDLE	Lewi	ſ	15 MOTHER	S MAIDEN NAM	WIDDLE		Pierce	
	WAS DECEASED EVER		MED FORCES?	219-05-		Mr L	atter Bo	rlow 17 K	ecry Ko	urt, Solishu	~7,
ı	18. CAUSE OF DEATH PART I. DEATH W		BY.	Carely	diest	luo	ul-osis			BETWEEN ONSET A	AND DEAT
	Canditions, if any, gove rise ta imm couse (a), stating underlying cause	nediote g the	(b)	RAS A CONSEQUER AS A CONSEQUE	2 (9	uteni	osclei	Asis.		yar	4
TIHCATION	PART 2. OTHER SIGN HY LOUTS 190 DATE OF OPERAT	Eusic	e Co	ontributing to	raul	on E	dis Eas	206 AUTOPSY? YES NO NO	20b. IF YES, V	WERE FINDINGS USING CAUSES OF DE	EATH?
ICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEAT	P.,	M. MONTH D	AY YEAR			ED (ENTER VATURE OF INJU	JRY IN ITEM 18 PAR	1 FOR PART 2)	
MED	21d INJURY OCCURR	ILE [21e PLACE ((AT HOME STR	OF INJURY BET, FACTORY OFFICE I	FARM ETC)	ZIF. LOCATI		CITY OR TO	OWN	COUNTY	STATE
	220.1 certify that 30° sow the decease abave, \$\mathbb{H}(we)(d	ed alive on_	Clug	28 19 8	7	nd that in (r	(our) opinian o	, todeath accurred shifty d	lote and hour o		(we) l
	226 SIGNATURE	uell	20	Sell &	· M	'	ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR SA PHYSI		8 Z8	18.
	THOMAS	S C	HILL	JR		Pine	00 11	Road, S	Sec. st	ORY, N.	W.
lln.	TURIAL, CREMATION,	REMOVAL	236 DATE 8/30/	F 230	1	Lubec	CREMATORY	Princess	Anne	COUNTY	STATE

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STATE OF MARYLAND

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(VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE

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1.	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENTAL WYG	IENE REG N	10		
	CEASED NAME	FIRST		WIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TYP)	E OR PRINT)	DONAL	D E	ROBERT	В	ATTEN	AUGUST 2	7, 19	85	8:00Am
3. SE	X		4 RACE		5 DATE		6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
	MALE		WHI	ITE	DECE	MBER 18, 1934	50	YRS	MONTHS BATS	HOURS MIN.
	IRTHPLACE STATE OR COUNTRY) NDIANA	PFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY OF MONTGOME	OR COUNT		MD
	BETHESDA		SUBUR	BAN HOSP	ADDRESS)	BETHESDA, MD	120 USUAL OCCUPAT {TYPE OF WORK FOR MOST COMPUTER	TON OF WORKING L	126 KIND O INDUSTRY	FOV T.
MA	AL RESIDENCE (IF NUR STATE ARYLAND	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW ROCKVILL	N	134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 805 CROTH		1201	352
	ATHER'S NAME FIRST J.	R	OBERT	BATTEN		15 MOTHER'S MAIDEN NAM	IREN		REDD	INGTON
	WAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	306-38-3		17 INFORMANT	ADDR		Dationt	
-		TH (Enter on	v ane cause ner			Judith B. B	atten Samo	e As	Patient	MATE INTERVAL
	18 CAUSE OF DEAT PART I. DEATH V		D BY: E CAUSE (a)	Resound	ory	arrest			1m	and the state
	Conditions, if any gave rise to im couse (a), state underlying cause	imediate ing the	(b)	R AS A CONSEQUE	nike	o wildrest	<u></u>		1 m	10.
CERTIFICATION	PART 2 OTHER SIG	hele	a B (Factor (? del	NOT RELATED TO THE TERM	NAL DISEASE OR COM 200 AUTOPSY YES NO	20b. IF YE	S, WERE FINDIN	JOS USED
	210. ACCIDENT WAS UN	CAUSE OF DEA	TH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART (OR PART 2)	
MEDICAL	21d. INJURY OCCUR	RRED	21e PLACE	M, OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC)	216 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		sed alive an		185 19	f	nd that in (my) (our) apinion d	eath occurred on the d	85 lote and ho		that (1) (we) lost couses stated
		ny	v. C	ooke			MEDICAL STA		82	8 185
		en	y V	- Coo	Ke	10 400 Ca	nn. Au	e. f	bens my	touco
	BURIAL, CREMATION (SPECIFY) Cremation	1	8/29/8	35 C	edar	EMETERY OR CREMATORY Hill Crematory	23d LOCATION CUTY OR TOWN	d, Ma	ryland	STATE
24 F	UNERAL DIRECTOR	Josepl sin A	r Gawler	r's Sons, ashington	Inc., D.C.		REC'D. BY REGISTRAN	256. REGIS	TRAR'S SIGNAT	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR After should be detached for use as with the Stote Dept. of Health IMPORTANT: If hem 21 is

the burial-transit permit. Then please remave and Mental Hygiene priar to burial, cremation

ACCOUNTS OF THE PROPERTY OF THE PARTY OF THE

07/84 25M

DHMH - 17 (VR A15 ME (5))

BP

24 FUNERAL DIRECTO FRANCIS J. COLLINS 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

BURTAL

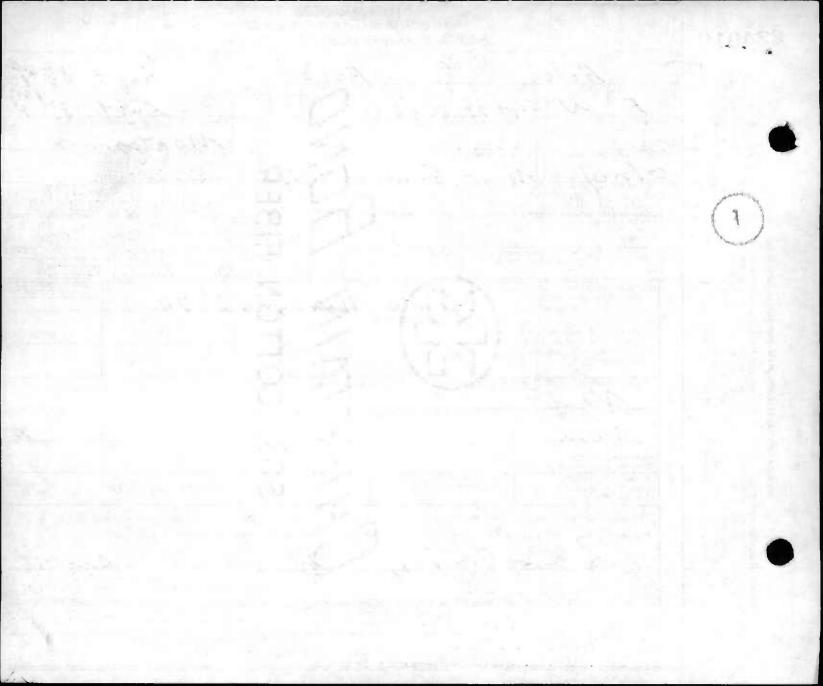
230 BURIAL, CREMATION, REMOVAL 236 DATE 8/6/85

230 NAME OF CEMETERY OF CREMATORY

STEVER SPRING

COUNTY MONT

256 REGISTRAR SAIGHATUR AUG



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENT CERTIFICATE OF DEATH

2	5	La	2	1

STATE

								KLO. 141				
DECEASED NAME	FIRST		MIDDLE		LAST		20 DATE	OF DEATH	MONTH DA	YE A	20.1	IOUR
(TYPE OR PRINT)	FLOREN	CE	J	BEE	SON		08/	16/85			6	45 PM
SEX	4	RACE		S. DATE C			6 AGE III	N YEARS LAST BIR		FUNDERIY	-	DER 24 HRS
FEMA		Car		767	19	1898		87	YRS	DNTHS D	AYS HOU	RS MIN.
a BIRTHPLACE (STATE	OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	- D NEVE	R MARRIED -	9 BALTIN	ORE CITY O	R COUNTY C	OF DEAT	Н	
New York		U. S	5. A.	WIDOWE		DIVORCED T	M	ONIGOM	ERY Co	unty		MD.
CITY OR TOWN OF	DEATH 1		HOSPITAL, NURSIN		OR OTHER IN	ISTITUTION		LOCCUPATI				SINESSOR
BETHESI		SUBI	JRBAN Ho	spitai			Re	tired	F WORKING LIFE)	Dis	trict	Gov' t.
JSUAL RESIDENCE (# P 30 STATE	135 COUNT		GIVE RESIDENCE BEFORE		1134 INISIDE	CITY LIMITS?	112 STDEE	T ADDRESS	7IP CODE			
MD		GOMERY	ROCKVI		YES 🔼	NO [ROLLI			20852	2
4 FATHER'S NAME	44	DDLE	LAST		15. MOTHE	R'S MAIDEN NA	ME	MIDDLE				
Leonar	d		Stauble	y		Pearl		MIDDLE		Po	owell	
60 WAS DECEASED EN			166 SOCIAL SECU	RITY NO.	17 INFORA			7619	Glanw	boot	Daire	
(AEZ' NO OS NUKNOMNI	(IF YES, GIVE	WAR OR DATES)	212-05-1	970	Flor	ence F.	Darr	Myr	SGlenw tle Bea			
18 CAUSE OF DE	ATH (Enter only	one couse per	line for (a), (b), on	dicil						BETW	PROXIMATE I	NTERVAL AND BEATH
PART I. DE ATH	WAS CAUSED		CARDIAC	ARK	REST						-5 M	ZIA
100	IMMEDIATE											
		DUE TO, O	R AS A CONSEQUE		TWO	ARCTION					1. 14	20
Conditions, if a		(b)	MYOCAR	DIAL	TNF	HOCITON	,			-	ווו ש	-7
couse (o), st	oting the	DUE TO, O	R AS A CONSEQUE		1	Λ.						
underlying co	use lost.	((c)	CORONAR	4	EHO	DISEASE						
PART 2 OTHER S	IGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO [DEATH BUT	NOT RELAT	D TO THE TERM	AINAL DISE	ASE OR CON	DITION GIVE	N IN PAR	Tiro	
NO I												
190 DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERI	ORMED	20a AU	TOPSY?	206. IF YES,			
Ē							YES [NO	IN CERTIFY	ING CAU		EATH?
210. ACCIDENT WAS	UNDERLYING	21b. TIME C	F INJURY		1216 HOW	INJURY OCCUR				I LORPAR		
OR CONTRIBUTING			M. MONTH DA	AY YEAR			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(IF EITHER NOTIFY A			M,	19								
21d INJURY OCC		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f LOCA			CITY OF TO	WN	COUNTY	,	STATE
WHILE NO	WHILE WORK								-			
22a.1 certify that	(I) (this hospita	tottended th	e deceased from_		3-16	19_35	to	8-	16 19	285	that {	11 fare Tlost
	eosed olive on_	view the hody	otter death	.01	nd that in (m	y) jear) opinion	deoth occur	red on the do	ite and have	and from	the couse	s stated
226 SIGNATURE	4	()	oner deom.		DEGREE					22c D	ATE SIGN	ED
Thomas	11.	Xindox	AM AAL			ATTENDING	MEDICA	L STAP		18.	16-8	5
22d PHYSICIAN'S	NAME ITYPE OR	PRINT	כנויו, ואש		122e ADDR		EL DIRECTO	R PHYSIC	IAN []	1 3	100	
THE THIS ICIAIN S	(((7	1 11				D			A.f	1 -	-000
2 ATROHIL	9.	SINDER	SON, MA		11125	ROCKUIL	LE 111	KE. KO	CKUILL	E. M	a. a	1085×

231. NAME OF CEMETERY OR CREMATORY

Cedar Hill

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84

(VRA 15, 4)

⁷⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Maryland 20852

8/18/85

236 DATE

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Cremation

Suitland, Maryland 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

23d LOCATION

PIKE, ROCKVILLE, Nd.

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

CR		REGISTRAR			CERTIF	ICATE OF DEATH	R	EG. NO.		
		EASED NAME FIRST	0	MIDDLE	-	AST	20 DATE OF DE		DAY YEAR	26 HOUR
100	11176	PAULETT	. D	OREEN	В	BELL	AUGUST	26.	1985	6:50P
100	3 SEX		4. RACE		5. DATE C		6. AGE IN YEARS	AST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
		FEMALE	NEGR	0		BER 20, 1959	25	YR		
H		RTHPLACE (STATE OF FOREIGN)		WHAT COUNTRY?	8	D NEVER MARRIED &	9 BALTIMORE C	MERY C		٨
No.		THESDA	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET THE CLINI	ADORESS]	CENTER	120 USUAL OCC	UPATION MOST OF WORKIN	126. KIND	
16	13a. S WE.	TATE YUS COUR		JAMATCA	ston	13d. INSIDE CITY LIMITS?			ODE RK ROAD	1449
100		THER'S NAME Herman Willia		Bell		15 MOTHER'S MAIDEN N	Maud		nith	AST
and S			MED FORCES? (E WAR OR DATES)	none	IRITY NO.	MRS. INEZ S		HER	SAI	
4		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nty one cause pe			ratory Arres				ximate interval i onset and death minutes
qury, ar all	NC	underlying cause last. PART 2. OTHER SIGNIFICANT	(c)CONDITIONS C			leukemia NOT RELATED TO THE TER	RMINAL DISEASE OR	CONDITION	GIVEN IN PART 1	0
lows ony	CERTIFICATION	190 DATE OF OPERATION	196. COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY		YES, WERE FIND RTIFYING CAUSE YES X	
 	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A	.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE	OF INJURY IN ITEM	A 18 PART I OR PART 2)	
coked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE F		211 LOCATION STREET		Y OR TOWN	COUNTY	STATE
n 21 a m		220.1 certify that (X) (this hosp saw the deceased alive on abave, (X) (we) (did) (X) (X)	AUGUST	26. 19 8	35, a	nd that in XX (our) opinio		ST 26. the date and	hour and from the	
2 t		Michael P	Yav	ey p	10		MEDICAL DIRECTOR F		Augu	st 27,1
MPOSTA		MICHAEL	? DA	VEY		Rockville	Pike, Beth	nesda,		
	- (urial, cremation, removal specify Removal	8-29-	85 / Ma	ddens	Funeral Sup	ply CITY OR TO	ings to		
		NERAL DIRECTOR Marsha 17 9th Street N				250 D	ATE REC'D BY REGIS		GISTRAR'S SIGNA	

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
	I DECEASED NAME FIRST	1	AIDOLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
1	MARY			BERI	KE	AUGUST	14	1985	11:45P
J	3. SEX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHOAY)	MONTHS UATS	IF UNDER 74 HRS
	FEMALE	WHITE		JUNE	18" 1907	78	YRS		noons mile.
	TO BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
ľ	PENNSYLVANIA	U.S.A.		WIDOWE		MONTGOM	ERY C	OUNTY	MD.
7	10. CITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP	ATION	125 KIND C	
1	KENSINGTON	KENSING	TON GARD		RSING HOME	SALES SALES	ST OF WORKING	STORE	IMENI
į	USUAL RESIDENCE (IF NURSING HOME 130 STATE MARY LAND	TGOMERY	357LVER	SPRING	13d INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP CO		20910
	14 FATHER'S NAME				15. MOTHER'S MAIDEN NA		LIUNZI	ILLE KU	AU
)	SAMUEL	WIOOFE	SCHECTE	२	SARA	WIDDIE		CÖ	HEN
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	193-20-		GLORIA B. KO	ORNSPAN. 2	445 L!	VTTONSVI.	LLE ROAD
3						S	LLVER	SPRING.	MARYLANI
	PART I. DEATH WAS CAUS	ED BY:	Pine far (a), (b), an	10 4	MANNEARY	APRE	PV	BETWEEN	ONSET AND DEATH
	IMMED!	ATE CAUSE (a)	CATRO	10-76	1211018111-	11101-0	~		
		DUE TO, OI	RASA CONFRAU	TIE 2E	MERS	DISEAS	9		
	Canditions, if any, which gave rise to immediate	(b)	7-6	1751	MLNJ	270-11			
	cause (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQUE	ENCE OF					
		(c)							
	PART 2 OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CO	ONDITION	SIVEN IN PART II	a
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	70h IF	YES, WERE FINDI	NGS LISED
3	S IN DATE OF OFERATION	178 COND	nortok winen	OFERATIO	TO THE OWNER		INCER	RTIFYING CAUSES	OF DEATH?
	710. ACCIDENT WAS UNDERLYING	21b. TIME O	F IN HIDY		21c HOW INJURY OCCUR	PED / FOUR OUT OF I	A STATE OF THE STATE OF	YES []	NO 🗌
à	OR CONTRIBUTION CALLES OF F	LIOUS A		AY YEAR	ZIC HOW HAJORI OCCOR	KED (ENTER NATURE OF I	NJURT IN ITEM	IS PART (OR PART 2)	
i	(IF EITHER NOTIFY MEDICAL EXAMING 21d IN JURY OCCURRED			19	211 LOCATION				
	21d INJURY OCCURRED WHILE NOT WHILE N	21e. PLACE (DE INJUKY EET, FACTORY, OEFICE E	ARM ETC)	STREET	CITY OF	NWOTS	COUNTY	STATE
	AT WORK AT WORK			1991	04	6 m	74. 7		
	22a Leertify that (I) (this has saw the deceased alive a		5 19	25	, 19	10	sery	_, 19,	that (I) (we) last
	abave, (1) (we) (did) (did		after death.		nd that in (my) (aur) apinion	death occurred on the	e date and t		
	220 SIGNATURE			-	DEGREE ATTENDING \	MEDICAL S	TAFF	21s. DAY	SIGNED
2	W. J. M.	and	mu	-	PHYSICIAN	DIRECTOR PHY	SICIAN 🗌	8/1	5/85
1	THE PHYSICIAN SHAME (TYPE		u n	1	22e ADDRE 19620 K	EMP MILL R	CAD	20	
	M. COMOUS NO	ERENDINO,	M. V.	200		SPRING. MA		D 20902	
	230. BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION		PENN:	SYLVANIA
	BURTAL	8/18/1	985 MG	ONTEF1	ORE CEMETERY	PHILADE	LPHIA,	, PHTLADE	ELPHIA,

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed

MPORTANT: If Hem 21 is marked or Item 18 shows any

TONALD MY STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C. (VRA 15, 4)

PHILADELPHIA, PHILADELPHIA 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

×

X

THE RES MADE STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL SPYGIENE

4	REGISTRAR						REG. NO.			
	ECEASED NAME FIRST	A 1	To D	0 1	IAST	20. DATE OF		ONTH	DAY YEAR	26 HOUR 45
	InelMA	N.	BERI			HU6.	3		785	OPN
3. SI	Female	4 RACE	te	5. DATE C	of Birth - 30- 1912	6 AGE (INY	EARS LAST BIRTH	YRS.	MONTHS DAYS	HOURS MIN.
To !	BIRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	. 8.	D & NEVER MARRIED	9 BALTIMO	RE CITY OR		Y OF DEATH	
1	Maryland	us	A	WIDOWE	ED DIVORCED		toomer		unty	MC
10 0	aithersburg		HOSPITAL, NURSIN HEACHITY GIVE STREET HEACT		ALE CENTER	Bank		WORKING LIF		OF BUSINESS OR
	JAL RESIDENCE (IF NURSIN OF STATE	ary,	GIVE RESIDENCE BEFORE 134 CITY OR TOW Licott	14	134 INSIDE CITY LIMITS?		ADDRESS /	ZIP CODE	Woods D	21043 rive
14. 6	FATHER'S NAME Walter H	erbert	Shiple	u.	15. MOTHER'S MAIDEN NA		Mae		Ship	ley
160	WAS DECEASED EVER IN U.S. AR {YES, NO OR UNKNOWN} (IF YES, GN	MED FORCES? E WAR OR DATES)	21238169	PRITY NO.	Lloyd A. Ber	rry.Sr.	407 Kaith	usse	U Aver	ue Apt 20877
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per D BY.	PULMO		Edema.				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OI	RAS A GANGEOU	MARC	HOOM STRUG	NO B	Meny	405	Ensu	
ION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OI	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEAS	e or cond	ITION GIV		
TIFICATION	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OI	R AS A CONSEQUE	DEATH BUT			e or cond	ITION GIV 20b. IF YES IN CERTIF	VEN IN PART 11	NGS USED
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)	DUE TO, OI CONDITIONS CO 196 CONDI 216 TIME O HOUR A	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED	VINAL DISEAS 200 AUTO YES	E OR COND	20b. IF YES IN CERTIF	S, WERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	DUE TO, OI (c) 19b CONDITIONS CO 19b CONDITIONS	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT OPERATIO AY YEAR	NOT RELATED TO THE TER/ ON WAS PERFORMED	VINAL DISEAS 200 AUTO YES	E OR COND	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES	NGS USED OF DEATH?
	gove rise to immediate couse (a), stating the underlying couse lost part 2. OTHER SIGNIFICANT (a) 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (thus haspessed the control of the couse of t	DUE TO, OI (c) 19b CONDITIONS CO 19b CONDITIONS	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F	OPERATION AY YEAR	NOT RELATED TO THE TER/ ON WAS PERFORMED 214 HOW INJURY OCCUR	200 AUTO YES CHERRY	E OR COND	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES S PART I OR PART 2)	NGS USED OF DEATH? NO DIATE
	gove rise to immediate couse (a), stating the underlying couse lost part 2 OTHER SIGNIFICANT (19th DATE OF OPERATION 21st ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) CHILD OF COURTED WHILE AT WORK NOT WHILE AT WORK 2 OT CERTIFY THAT IS NOT WHILE SOW the deceased olive on above, (1) TOP (4) (did not 27b. SIGNA PARE)	DUE TO, OI (c) 19b CONDITIONS CO 19b CONDITIONS	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F	OPERATIO	NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR 11 LOCATION 10 10 10 10 10 10 10 10 10 10 10 10 10	200 AUTO YES CHERRY	E OR COND DPSY? NO ATURE OF INJURY and on the pot	ITION GIV 20b. IF YES IN CERTIF YE IN ITEM IS F	S, WERE FINDING CAUSES S PART I OR PART 2)	NGS USED OF DEATH? NO Halt that III be last couses stated
MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost part 2. OTHER SIGNIFICANT (a) 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (thus have sow the deceased alive an above, (I) (the loss).	DUE TO, OI (c) 19b CONDITIONS CO 19b CONDITIONS	R AS A CONSEQUE ONTRIBUTING TO I THON FOR WHICH FINJURY M. MONTH D. OF INJURY EET, FACTORY, OFFICE, F e deceosed from ofter deoth.	OPERATION AY YEAR FARM ETC.	NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR 111 LOCATION 19 A Md that in (my) (our) opinion DEGREE ATTENDING	200 AUTO YES RRED (ENTER NA deoth occurre	E OR COND DPSY? NO M ATURE OF INJURY THE OR INJ	20b. IF YES IN CERTIFIC YES IN ITEM IS F	S, WERE FINDING CAUSES SS PART I OR PART 2) Dr and from the	NGS USED OF DEATH? NO Halt that III be last couses stated

Sykesville, MD 21784

DHMH - 16 50M 4/83

Harry W. Haight

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked ar Hem 18 shays any injury, or other troumatic event, the

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

11 - 3 - 11

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cathermound allegations of the last secretary land college.

and disort it & street order occidence acten servent Shirley (Live fur Thinter

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		- 4	
2 3	2	2	

		REGISTRAR			CERTIFI	CATE OF DEATH	REG. NO.	
		CEASED NAME OR PRINT)	FIRST	WIDDLE	Bi	ALLY	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3	3. SE)		4. RACE	V	5. DATE OF	F BIRTH 24 1896	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
7	(RTHPLACE (STATE OR FOR POUNTRY) Poland	REIGN 76. CITIZEN	OF WHAT COUNTRY?	8 MARRIED WIDOWED	□ NEVER MARRIED □	9. BALTIMORE CITY OR COUN Montgomery Cou	TY OF DEATH
	10. CI	TY OR TOWN OF DEATH	(IF NOT IN	OF HOSPITAL, NURS IN I SUCH FACILITY, GIVE STREET 21 Montrose	ADDRESS)		12e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Farmer	12b. KIND OF BUSINES INDUSTRY POULtry
	USUA 13a. S	LE RESIDENCE (IF NURSING TATE 1.	G HOME OR OTHER INSTITUT 3b. COUNTY Montgomer	13c. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 6121 Montrose	Rd. 20852
5/		THER'S NAME PIRST Olomon Bial	Lly	LAST		15. MOTHER'S MAIDEN NA/ Sarah FIRST	ME	Babich
7	(1	/AS DECEASED EVER IN ES, NO OR UNKNOWN) NO	U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE:			17. INFORMANT Ms. Rhoda N	ADDRESS 34 Newman Chevy Ch	lll Bradley La
ony injury. or	CATION	PART 2. OTHER SIGNIF	EKINS	S CONTRIBUTING TO	PIS	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	GIVEN IN PART I (0)
S shows	CERTIFICATION	21a. ACCIDENT WAS UNDER		E OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR		TIFYING CAUSES OF DEATH YES NO B PART (OR PART 2)
rked or nem	MEDICAL	OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	L EXAMINER) 21e. PLA (AT HOME	P.M. CE OF INJURY E STREET, FACTORY, OFFICE F	19	211 LOCATION STREET	CITY OR TOWN	COUNTY \$1
Hem 21 is mo		220. I certify that I f		ody ofter death.	D	d that is (my) (our) opinion of	deoth occurred on the date and h	our and from the couses state
		221. PHYSICIAN'S NAM	a Lys	on n	11	PHYSICIAN [0/3/85

DHMH - 16 50M 4/B2

(VRA 15, 4)

etoined by the hospitol or

Anatomy Board

24 FUNERAL DIRECTOR

ADDRESS Balto., Md. AUG 13 1985

BAHIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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Lim	3	tion	Con	line

24		REGISTRAR			CERTIF	ICATE OF I	DEATH	REG. NO	٥.			
3		CEASED NAME	FIRST	MIDDLE		AST				AY YEAR	26 HOUR	p
5	(TYPE	OR PRINT) Mild	red	B	Bie	rmar	1	Avaust	2	1985	8:10) M
2	3 SEX	X	4 RAC		5. DATE C			6. AGE U YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 H	
2		Female		Cauc	Q. OS	3 17	1899	85	YRS.	ONTHS DAYS	HOURS A	A (PV),
6/2		RTHPLACE (STATE OR FO	OREIGN 76. CIT	ZEN OF WHAT COU	INTRY? 8.	D NEVER	A APPIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
328		EW YORK C	ITY U	J.S.A.	WIDOW		VORCED [mon	taor	nery		MD.
366	10 CI	TY OR TOWN OF DEA		ME OF HOSPITAL, I		OR OTHER INS	TITUTION	12a. USUAL OCCUPATI			F BUSINESS	OR
100	R	emesol	al	Subur	oan			HOMEMA		HO	ME	
18		AL RESIDENCE (IF NURS)	HOME OR OTHER IN	13t. CITY C		1 134 INSIDE C	ITV I IAAITS 2	13e STREET ADDRESS	/ 7ID CODE	94	140	7
300	1	FLA.	BROWAI		LANDALE	YES X	NO 🗌	2030 SO.		N DR.	//	
1920	14. FA	ATHER'S NAME	MIDDLE		AST	15 MOTHER	S MAIDEN NAM	AE MIDDLE		LAS:		
27		FRANK	MIDDLE	MARCH		Gt	JSSIE	MIDDLE		GARDS'		
25		VAS DECEASED EVER			LE SECURITY NO.	17 INFORMA	ANT	622	OS CLE	ARWOO	D RD.	
N	()	NO OR UNKNOWN	N/A		40-0751	MR.	HARRY	LINOWES		HESDA	, MD.	
2		18 CAUSE OF DEATH	(Enter only one o	ause per line far (a),	(b) and is	0		DARRA		BETWEEN	MATE INTERVAL	ŢН
9 4			IMMEDIATE CAUS	SE (0)	Chuchine) jours	meny	Mary		2	3/4	2
3		Conditions, if any,	which (JE TO, OR AS A CON	AS SINE SEE OF	0 V/	75 cul	a Arcul	4	2	WEE (Cr
S. S		cause (a), stating underlying cause		JE TO, OR AS A CON	ISEQUENCE OF							
A A	NO	PART 2 OTHER SIGN	IIEICANT CONDIT	IONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART TIE		
27	CERTIFICATION	190 DATE OF OPERAT	ION UIT	CONDITION FOR	WHICH OPERATION	N WAS VERFO	PRMEL	200 AUTOPSY?		WERE FINDIN		
22		216 ACCIDENT WAS UNDO	AUSE OF DEATH	OUR A.M. MON	TH DAY YEAR	21c HOWIN	JURY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM 18 PA	RT I OR PART 2)	Verger	-
Por	EDICAL	21d INJURY OCCURR	ED 21e	PLACE OF INJURY		211. LOCATIO	NC			COUNTY		
29	×	WHILE AT WORK	ILE	HOME, STREET, FACTORY,	OFFICE, FARM ETC)	STREET		CITY OR TO	A14	0	STATE	
R		220.1 certify that (1)		anded the deceased	from		19 85			9	that (I) (we)	last
21 is		now the decrone	d alive on	he body ofter death	19	nd that i (my)	(aur) opinion o	death occurred on the do	ate and hour	and from the	causes stated	ŀ
te B		17h SIGNATURE	TOTAL NOW YORK	A Dody Other death		DEGREE				22c. DATE	SIGNED	-
H.H.		100	1 (au	MMM			ATTENDING PHYSICIAN	MEDICAL STAT		8/	3	
TAN /		THE PHYSICIAN'S NA	ME (THE DEPRINT)	11		22e ADDRES	55	100	7	P		
MPORTANT		J.P. (CAULFIE	LD M.D.		150	1116	V. Ceel	ar	dar	L	*
4		BURIAL, CREMATION, P	REMOVAL 236.	DATE	23c. NAME OF C	EMETERY OR	CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE	E

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL 8-4-85 MT EDEN
24 FUNERAL DIR DAN ZANSKY-GOLDBERG MEM CHP, 1170 ROCKVILLE PK. ROCKVILLE MD

I CEMETERY VALHALLA NEW YOR INC. 150- PAIF NEC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Davidson-Randess

CC0833 Mudreed E dermin thought American P. Carrie Manual Land Company of the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

234028 completely filled in by the funeral director, page 3 , 1 and 2 should be filed within 72 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottend-should be detached for use as the burial-transit permit. Then please remove cowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, a IMPORTANT: If Item 21 is marked or them 18 shows any injury, or other troumotted.

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE

2	2	1	.)	-
600	V	Rom	Can	4

3	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND	MENTAL HEGI DEATH	ENE	REG. NO	0 .	- 6-	9	
什		CEASED NAME FIRST CORPRINTS LEONS		M.	B /			20 DATE OF		MONTH D	IF UNDER I YEAR		MER 24 HRS
7	(RTHPLACE (STATE OR FOREIGN COUNTRY) ASHINGTON.D.C.	76 CITIZEN OF	WHITE WHAT COUNTRY?	MARRIEI WIDOWE	XXNEVER	MARRIED DIVORCED		9 DRE CITY OI MONT GO	YRS COUNTY		5 HOURS	MD.
8	10. CI	ITY OR TOWN OF DEATH SILVERSPRING	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)	R OTHER IN	STITUTION	(TYPE OF WOR	OCCUPATION FOR MOST OF	WORKING LIFE		OF BUSIN	VESS OR
5	130 S MAR	AL RESIDENCE (IF NURSING HOME STATE 13b. CO RYLAND MON		SILVER S	N	YESXX	CITY LIMITS?		ADDRESS /	ZIP CODE DENNIS	AVEN	ИE	2090
0		LEONARD VAS DECEASED EVER IN U.S.	M.	BIGGS,	SR.	17 INFORA	ELLA	AL	ADDRE		RRISO	Â ST	
		YES, NO OR UNKNOWN) {IF YES	GIVE WAR OR DATES)	577-09-			L C. BIG	GS		AS 13		WIF	
	rion	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, O DUE TO, O DUE TO, O CO T CONDITIONS CO O R	SAS R	NCE OF THE PROPERTY OF THE PRO	EN.SI	D TO THE TERMI	NAL DISEAS	SE OR CONE	DITION GIVE			
1	CERTIFICATION	190 DATE OF OPERATION 7/87 210. ACCIDENT WAS UNDERLYING	7 / 21b. TIME C		NOTE	ry.	ORMED	YES D	NO	IN CERTIFY		ES OF DEA	ATH?
	MEDICAL	OR CONTRIBUTING CAUSE OF . (IF EITHER: NOTH'S MEDICAL EXAMINED CAUSE OF . 21d. INJURY OCCURRED . WHILE NOT WHILE . AT WORK	P. 21e PLACE (AT HOME STI	OF INJURY REET, FACTORY OFFICE F	ARM ETC)	211. LOCAT	. 19.81	, ta	CITY OR TOV		COUNTY		STATE (we) lost
		sow the deceased alive above, (I) (we) (did) (did) (27b. SIGNATURE ASSET ASS	nat, view the bady	mb		DEGREE 22e ADDR 1 2 4	ATTENDING PHYSICIAN PSS	MEDICAL	STAF	F		te SIGNED 8/83	
	- (BURIAL, CREMATION, REMOV. (SPECIFY) CREMATION UNERAL DIRECTOR FD.A.A.	8/8/8	5 ME			CREMATORY 1250 DATE	23d LOCA	LEXAN		COUNTY	VIRG	INTA
	27.10	NAME FRAN		OLLINS VER SPRIN	G.MD.	20901			LOISIRAR	Za. KEGISTI	KAK 5 SIGN	MIUNE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYBIENE - STATE REGISTRAR 20 DATE OF DEATH DECEASED NAME FIRST 2h HOUR THOMAS BONANNO B. AUGUST 5. 1985 6 AGE TIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR 3 SEX 4 RACE 5. DATE OF BIRTH SEPT 16, 1928 MALE CAUCASTAN 56 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED WASHINGTON. D. C. U.S.A. MONTGOMERY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b KIND OF BUSINESS OR SALES MANAGER SUBURBAN HOSPITAL VENDING CO. BETHESDA USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION 130. STATE GIVE RESIDENCE BEFORE ADMISSIONS 13102 MAGELLAN AVENUE 20853 MARYLAND MONT GOMER! 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE SAPIENZA VINCENT BONANNO LAURA ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) MARIE F. BONANNO SAME AS 13 NO 577-32-9489 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic. PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [NO F NOF 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC) STREET AT WORK NOT WHILE 85 22a | certify that (1) (this haspital) attended the deceased from_ and that in (my) (our) apinion death occurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CITY OR TOWN I SPECIF BURIA 8/8/85 GATE OF HEAVEN SILVER

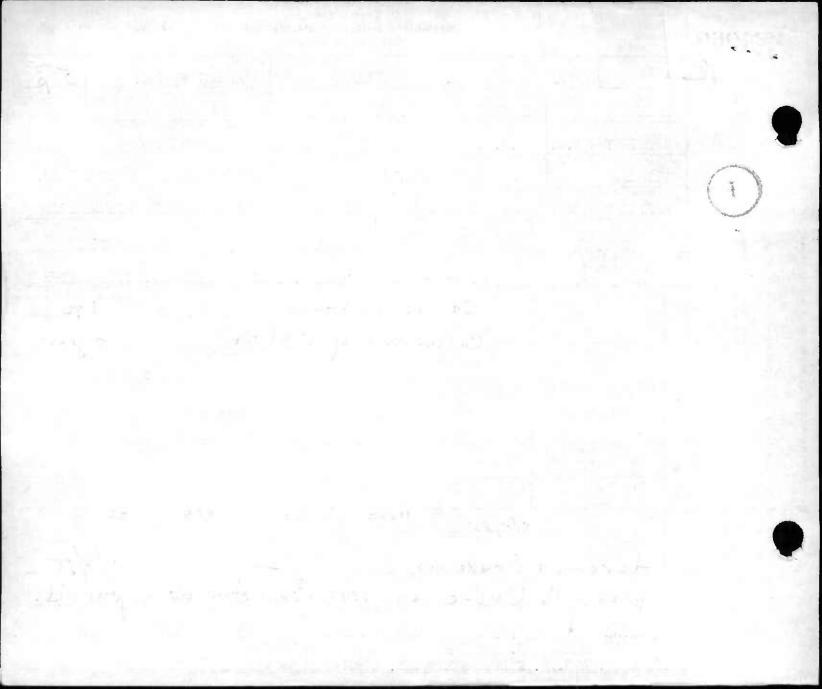
DHMH - 16 60M 7/84 (VRA 15, 4)

ould be deta

MPORTANT:

24 FUNERAL DIRECTOR FRANCIS J. COLLINS

500 UNIV BLUD, W. STIVER SPRING MD. 20901



235022 1 - STATE REGIST

filled in by the funeral director, page 3 ould be filed within 72 hours after death

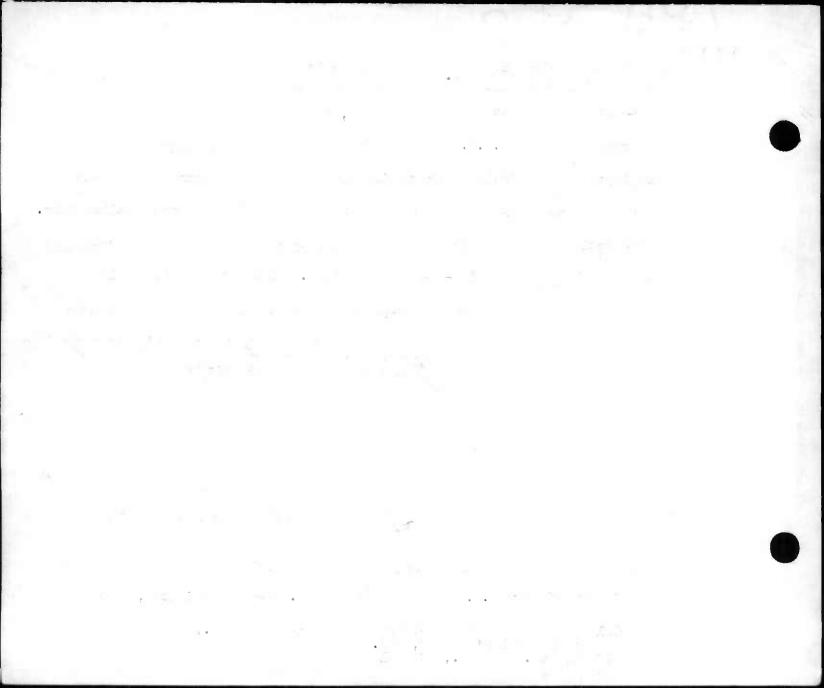
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

23

1		REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. NO).			
I		CEASED NAME OR PRINT	FIRST FIL	orence '	MIDDLE	1/	Boukis		20. DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR	-
	(() PE	F/	DPP	MCC.	\mathbf{T}_{ullet}	1	DOUK!	2		8-1	10-85	54	2 4
ı	3. SEX			RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24	
		Female		White		May		E AR	86	YRS	MONTHS DAYS	HOURS	MIN.
1		THPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY	Y? 8	D NEVER MARRI	ED 🗆	BALTIMORE CITY OF	COUNTY	OF DEATH		
		Greece		U.S	.A.	WIDOWE			Montgome	ry			MD.
7	10, C11	TY OR TOWN OF DEA	TH		HOSPITAL, NURS		R OTHER INSTITUTE	ON	120 USUAL OCCUPATION		126 KIND C	F BUSINES	SOR
		Kensington		Circl	e Manor	Nursin	g Home		Homemaker		Hon		
	USUA 13a S	LE RESIDENCE (# NURS TATE MD	ing HOME OR I 136 COUN Montg	TY	136. CITY OR TO Potoma)WN	134 INSIDE CITY LIV	MITS?	13e STREET ADDRESS / 0200 Inve	ZIP CODE	2085 Hollow		٠.
	14. FA	THER'S NAME		. mour	1457		15. MOTHER'S MAIL	DENNAM					
A		Panagioti	^	AIDDLE	Nikolet	tseas	Kater	ri ni	MIDDLE		(IInk	(nown)	,
1		AS DECEASED EVER			16b SOCIAL SEC	CURITY NO.	17 INFORMANT		ADDRE	SS			
1		NO OR UNKNOWN)	(# YES, GIVE	WAR OR DATES)	578-46-	9309	Doris B.	Vali	is Same as	item	# 13		
I		18 CAUSE OF DEAT	H (Enter on)	y one cause per	line for (a), (b),	ond (çı.)	\	2 1/	1		BETWEEN	MATE INTERVA	ATH
ı		PART I. DEATH W		E CAUSE (o)	war	Resp	unh 9	arli	n.		11	Es.	
ı				DUE TO, Q	BAS A CONSE	UENGE OF	7 1	7	1 1-11	10	0 -	1-02-1	
ı		Conditions, if any,		(1b)	merales	I vu	eriosites	whi	aren Ves	not	120	y	>
-		gove rise to imm couse (a), statin underlying couse	g the	DUE TO, O	R AS A COLSEC	MUNICE OF	1	101	I sal	,	1		
1				161	14	hun	hi y	00	of all	1			
	NO	PART 2 OTHER SIGN	HFICANT C	onditions <u>co</u>	ONTRIBUTIANS TO	O'DEATH BUT	NOT RELAZED TO TI	HE TERMIN	NAL DISEASE OR COND	HTION GIV	EN IN PART 10	0	
9	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED)	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES S		?
5	GER	21a. ACCIDENT WAS UND	DERLYING	216. TIME O			21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR				
1	-	OR CONTRIBUTING C				DAY YEAR							
1	MEDICAL	21d INJURY OCCURE		21e. PLACE	OF INJURY		21f LOCATION		CITY OR TOV	WN	COUNTY	STA	15
1	×	WHILE NOT WH	IILE	AT HOME STR	REET FACTORY, OFFIC	E, FARM ETC	J	27	0			317	
1		22a I certify that (I)	(this hospit	ol) attended th	e deceased from	Alph	. 19	51	10 lings.	10	1985	that (I) (we	e) fost
١		saw the decease obove, (I) (we) (c	d alive on a) view he body	ofter death.	J-37 00	d that in (my) (our)	opinion de	eath occurred on the do	te and hou	ond from the	couses state	ed
1		226. SIGNATURE	/	1/2	6	V	DEGREE	DINIC	MEDICAL STAF		27L DATE	SIGNIYO	-
4		Har	ula	Viene	~/1	A.	PHYSI		DIRECTOR PHYSIC		8/1	100	
1		224 PHYSICIAN'S NA	,				22e ADDRESS		****	,	DO 00	07.6	
4			el Die						e NW Washin	gron,	DC 200	DTP	
ĺ		URIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREM		23d LOCATION	C.	COUNTY	51A	.TE
	74 EI	Burial NERAL DIRECTOR J	osenh	8/13/		s, Inc.	d Cemeter		Wash., D		IDAD'S SIGNIAT	LIDE	
	24 10	NAME 5130	WI AV	e. NW W	ash.	20016		ALIC	4 5 1085			NO .	

DHMH - 16 50M 4/83 (VRA 15, 4)

10 FUNERAL DIRECTOR: , should be detached for use with the State Dept. of Hea



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AYGIENE

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bien	0	200	Co	C

REGISTRAR			CERTIF	TCATE OF DEATH	REG. NO.		
1. DECEASED NAME	FIRST	WIDDLE	-	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	Mildred	Blanche	BO	VEY	Aug. 23, 19	85	5:00 AM
3. SEX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
Female	Whi	te	July	7 14. 1904	81 YRS		NOOKS AKK.
70. BIRTHPLACE (STATE O	R FOREIGN 76 CITIZEN	OF WHAT COUNT	RY2 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
Penna.		USA	WIDOWE	ED MORCED	□ Montgomery	County	MD.
Gaithersbu		OF HOSPITAL, NUI IN SUCH FACILITY, GIVE ST 28 Woodfi		or other institution	120 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING Retail Sales	IZE KIND (INDUSTRY Dep	t. Store
USUAL RESIDENCE (IF NU 130 STATE Maryland	ISSING HOME OR OTHER INSTITUTION IN THE INSTITUTION	13c. CITY OR T	ersburg	13d. INSIDE CITY LIMIT YES NO X	24128 Woodfiel	d School	1 Rd.2087
FATHER'S NAME Clarenc	e Harvey	Gluc	k	15. MOTHER'S MAIDEN	N AME MIDDLE	Bowers	
60 WAS DECEASED EVE			ECURITY NO.	17 INFORMANT	ADDRESS		
NO OR UNKNOWN)	(IF TES, GIVE WAR ON DA	220-26	-4358	Maryeller	B. Holston,	Item 13	
18. CAUSE OF DEA	VAS CAUSED BY:					BETWEEN	ONSET AND DEATH
	IMMEDIATE CAUSE	a) Clalu	ocarci	cown of col	100	2	yrs.
PART 2. OTHER SIG	GNIFICANT CONDITION	clomina	e mets	NOT RELATED TO THE		ES, WERE FINDS	
STIFIC					YES NO	TIFYING CAUSES	S OF DEATH?
OR CONTRACTOR	CAUSE OF DEATH HOU	ME OF INJURY R A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM)	B PART I OR PART 2)	
21d. INJURY OCCU	IRRED 21e PL	ACE OF INJURY ME STREET, FACTORY OFF		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
220-1 certify that (saw the dece obave, (1) (week	(I) (this haspital) attend	July	985		nian death occurred on the date and h		
226. SIGNATURE	12 E. D	illow me	0		MEDICAL STAFF	23 K	Aug. 85
	name (typeorprint) nald E. Dil	lon, M.D.		27e ADDRESS 2901 01 nev	y-Sandy Spring Rd.	. Olnev	. Md.
23g BURIAL CREMATION				CEMETERY OR CREMATO	DRY 23d LOCATION		
(SPECEBURIAL	Aug.	26,1985	Fore	est Oak	Gaithersburg, Original Control of the Control of t	Monto.	. Md .

DHMH - 16 50M 4/B3 (VRA 15, 4)

retained by the haspital or attending physician.

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may be

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 executed within 24 haur ATTENDING PHYSICIAN: The law STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALHYGIENE CERTIFICATE OF DEATH

3 2 2

	FOR STATE REGISTRAR			DEPARTA		ICATE OF DE		ÉNE	Z 3	2	21	
	DECEASED NAM	E FIRST		MIDDLE		AST		2a DATE OF		NIH DAY	YEAR	2h HOUR
	(TYPE OR PRINT) Cliftor		S.		Bowma	ın		Aug.	20th	19	985	
3	SEX		4 RACE		5 DATE			6 AGE (IN YEA			UNDER I YEAR	IF UNDER 24 HRS
, .	Male		Black		3	31	1911	74		YRS	NIHS DAYS	HOURS MIN.
14/1	BIRTHPLACE (ST			WHAT COUNTRY?	8 MARRIE	D NEVER MA	ARRIED	9 BALTIMOR	E CITY OR C	OUNTY O	FDEATH	
4	Wash.	D.C.	U.S.A		WIDOWI		DRCED [rgomery			N
20	CITY OR TOWN		(IF NOT IN SU	HOSPITAL, NURSIN		OR OTHER INSTIT	UTION	(TYPE OF WORK	FOR MOST OF WO	ORKING LIFE)	INDUSTRY	F BUSINESS O
3 4	Lewisda			Oth Ave.	A D M IS S (ON I)			Reti	red		rivat	e Schoo
2	30 STATE	13b COUN	gomery	Lewisdal	N	13d INSIDE CIT	Y LIMITS?	13e STREET A	DDRESS 20th A	Ave.	21	783
(1)	FATHER'S NAME					15. MOTHER'S						
20	Josen	_	MIDDLE	Bowman			erine		WIDQLE	Me	arshal	
/ 10	60 WAS DECEASE	DEVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMAN			ADDRESS	1.10		ls, MD.
	NO OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)	579-10-8	907A	Joseph	h Bowm	an 24	406 Fai	irlawı		-
	18 CAUSE O	F DEATH Enter on	lv one couse pe	r line for 10b . one	dicil		0 0	Λ.				MATE INTERVAL
	PART I. DI		D BY	r line for 10 b, one	CINO	m coc	Smal	Fritz	bhe		77	rare
		ER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE	OR CONDITI	ON GIVEN	IN PART 1(c	
7	4 190 DATE OF	OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOI			VERE FINDIN	
9	E E							YES 🖂	NOU	CERTIFYIN YES [G CAUSES	OF DEATH?
	0	WAS UNDERLYING DEA		DE INJURY .M. MONTH DA	YEAR	21c HOW INJU	JRY OCCURE					
/	OR CONTRIBUTE (IF EITHER, NOT 21d INJURY (21e PLACE	OF INJURY		211 LOCATION	7					
	WHILE AT WORK	NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC)	STREET			CITY OR TOWN		COUNTY	STATE
	about 1	deceased of the	12 Hie body	ne peceased from 19 19 19		PH-	19 our) opinion of TENDING HYSICIAN	MEDICAL	on the date of		N I	
1	22d PHYSICIA	nael Le	2100W1	tzMD	IAME OF C	22e ADDRESS	ewHA	mp Au	e. 5	ilven	Sprin	904 m
1	(SPECIFY) Burial		8-24	0		Mem. Co		CITY OR	tland.		PUNTY	STATE
2	4 FUNERAL DIREC			ADDRESS	Wash.	D.C.	250. DAT	REC'D. BY RE		REGISTRA	R'S SIGNATI	JRE
		& Jenkin	716	Kennedy S	+ N	W Wash	- I AU	52719	85	Ria Wach	don- 10	md. 00

DHMH - 16 60M 1/75 (VR A 15 (4))

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etained by the haspital or attending physician.

TO HOSPITAL OR

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE REGISTRAR	CERTIFICATE OF DEATH

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١	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		· .	
		CEASED NAME FIRST	ie C	COPE	-	Boud	20. DATE OF DEATH	8-19	9-85	3 HOUR	4
	3. SEX	\sim	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HR	_
1		S. C.	IL CITIZEN OF V	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	Montgom	_	untv	٨	MD.
1	_	koma Park	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET Adventi	ADDRESS)	ospital	128 USUAL OCCUPAT (1YPE OF WORK FOR MOST) Chef		126 KIND O INDUSTRY Cate:	F BUSINESS C	R
1	13a. S	D.C. Nor	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Washing	Ν	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 1230 Del		99 P1	N.W.	
1	14. FA	John	WIDDLE	Boyd		15. MOTHER'S MAIDEN NA/	WIDDIE	Murra	LAS	1	
7		VAS DECEASED EVER IN U.S. AR res no or unknown) (IF YES, GIV NO	MED FORCES? E WAR OR DATES)	578-10-	1374	Cinchona A	. Sauls	30 De	lafie	ld Pl	
		IN CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT		Osebroi	rs ec	clar acc	ident		BETWEEN C	MATE INTERVAL ONSET AND DEATH	-
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ((b) DUE TO, OR	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	inal disease or con	IDITION GIVEN	IN PART 1(c		=
	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	AICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYIN YES \(\text{NOW} \)					GS USED OF DEATH?	
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALER FITHER, NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED	HOUR A.A.	M. MONTH DA M.	19	216 HOW INJURY OCCURR 211 LOCATION STREET	RED (ENTER NATURE OF INJU		(OUNIY	STATE	_
		WHILE AT WORK 22a 1 certify that (1) (this hasping sow the deceased alive on above, (1) (we) (did) (did no		19	, or	, 19, 19	to death occurred on the d			that (I) (we) lo	ost
		22b. SIGNATURE		orier deadli.		ATTENDING PHYSICIAN	MEDICAL STA		220. DATE	SIGNED	_
		ANTONIO	. lly	No. J)	220. ADDRESS 831 Unil 1.		25 5.5	Me	2090	23
		URIAL, CREMATION, REMOVAL SPECIFY) Burial	Aug. 2		• Ho	pe Cemetery	Brooke	Staff	ord	Va.	

DHMH - 16 50M 4/83 (VRA 15, 4)

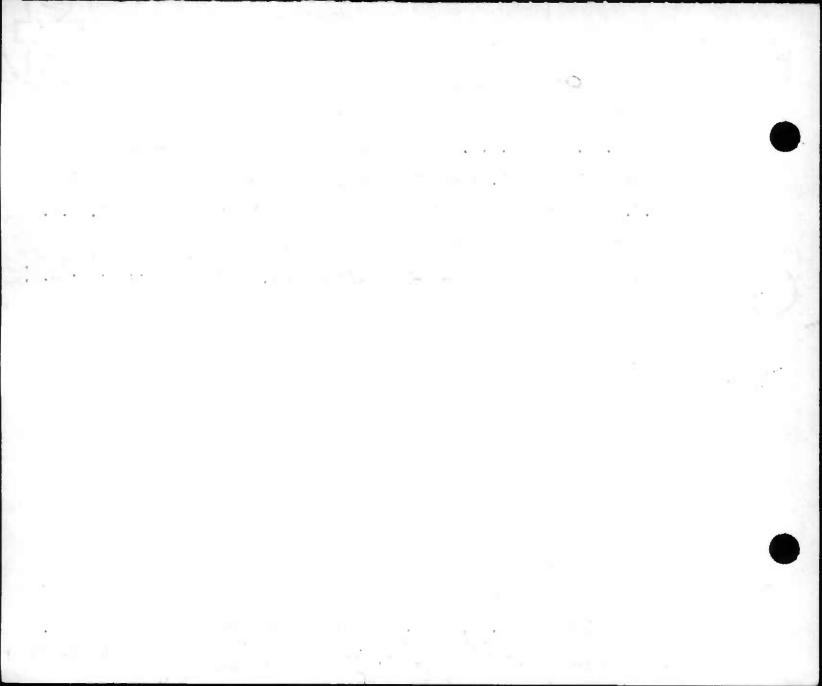
24 FUNERAL DIRECTOR

MPORTANT: If Item 21 is marked or Item 18 stoyes ony injury, or other troumotic event, the

8914 Quarry Rd. Manassas, Va. 22110

Stafford

1985



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 2 9 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

Adam Michael Boyd DEATH RESTED 8/ 10/19 85 JEEX Male White 6 10 1985 WARRED LAST BRITHAM MONTH DAY YEAR LAST BRITHAM MONTH DAY NOT BRITHAM MO	10	ECEASED NIAM	E FIRST		MIDOLE	LAST			3, NO.			
Male White 6 10 1985 SAFE								OF ESTI-				
Marked White 6 10 1985						-			P U 8/	10/19 85		
WARRIED DEVER MARRIED MONTGODE MONTG				6 :	10 1985 LAST BIRTHD	AY) MONTHS DAYS		MIN PRONOUNCED	8/	10/19 85		
CITY OR TOWN OF DEATH IN ANALO FE POSSITAL NURSING HOME OR OTHER INSTITUTION ITS CREW OF BUILDING PROCESSITATION OF THE INSTITUTION ITS CREW OF BUILDING PROCESSITATION ITS MODIFIES PROCESSITATION ITS MODI			TATE OR	76. CITIZEN O	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH							
ROCKVILLE Shady Grove Hospital JUAL RESIDENCE IF WINDESSED HOME OR CHIEF REPUBLICATION OF RESIDENCE FOR ADMISSION SIGNIF 138 COUNTY Maryland 138 COUNTY 132 COUNTY Maryland 136 STREET ADDRESS 10005 Ridgeline Montgomery 132 COUNTY Montgomery 132 COUNTY Montgomery 132 COUNTY Montgomery 132 COUNTY Montgomery 133 COUNTY Montgomery 134 INSIDE COUNTY Montgomery 135 C				U.	. S.A.	and the same			ery Cou	nty,		
SIGNAL RESIDENCE IT WE MORNEY ONCE OF ONE SECURITY OF THE PART TO BE ADDRESS OF THE PART TO BE A	0 (CITY OR TOWN	OF DEATH			E, OR OTHER INSTI	IUTION			126 KIND OF BUSINES		
USUAL RESIDENCE IF IN MUSERON FORCE OF COMER RESIDENCE BEFORE CAMESOON; 134 INSIDE CITY LIMITS 132 STREET ADDRESS 135 TATE 136 STREET	,	Rockvi	lle			al		TOWNSON OF WORKING PIE	·			
H. FATTER'S NAME Steve Morgan 13. MOTHER'S MAIDEN NAME Moyd				OR OTHER INSTITUTIO	ON, GIVE RESIDENCE BEFORE ADMISS	ION)	E CITY LIMITS?	130 STREET ADDRESS		204'		
Steve Morgan Rita Lynn Boyd 16. WAS DECEASED EVER IN U. S. ARMED FORCES? (MEY NO. OF MANDED FORCES?) 16. WAS DECEASED EVER IN U. S. ARMED FORCES? (MEY NO. OF MANDED FORCES?) 17. INFORMANT ADDRESS 65-55. 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 65-55. 18. THE STEP NO. OF MANDED FORCES? (MEY NO. OF MANDED FORCES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (b) 18. CAUSE OF DEATH (b) 18. CONSEQUENCE OF (b) 18. CONSEQUENCE OF (b) 18. DATE OF OPERATION (b) 18. CONDITION FOR WHICH OPERATION WAS PERFORMED? 18. DATE OF OPERATION (b) 18. CONDITION FOR WHICH OPERATION WAS PERFORMED? 18. DATE OF OPERATION (b) 18. CONDITION FOR WHICH OPERATION WAS PERFORMED? 18. DATE OF OPERATION (b) 18. CONDITION FOR WHICH OPERATION WAS PERFORMED? 18. DATE NAME OF INJURY (A) HOW. 18. DATE OF OPERATION (B) 19. DATE			Mont	gomery	Gaithersb	urg YES	NOX	10005 Rid	geline l	Drive		
Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Rather Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Rather Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Rather Missour: Rather Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Rather Missour: Rather Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Rather Missour: Rather Missour: Rather Missour: Rather Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Rather Missour:	. f	FIRST		MIDDLE	Morgan			MIDDLE	n	Boyd		
Ruth Hinson Rt.1 Box196 Cuba, Missour: Ruth Hinson Rt.1 Box196 Cuba, Missour: Reference of the foliation of the course per line for (a), (b), and (c).) PART (DEATH WAS CAUSED BY MADRIES (a) Sudden Infant Death Syndrome Conditions, if any, which gove rise to immediate course (o) stating the underlying course last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENDUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19c. DATE OF OPERATION 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19c. DATE NOT WHITE IN THEM IS PART TOR PART 20. 19c. DATE OF OPERATION. 19c. DATE OF O	la.	WAS DECEASE			166. SOCIAL SECURIT					65453		
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden Infant Death Syndrome Conditions, if ony, which gove rise to immediate couse (o) stoting the underlying couse lost: (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENDUING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 198. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERRYING OR CONTRIBUTING CAUSE OF DEATH PM. 19 214 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 216 INJURY OCCURRED 217 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 218 LOCATION 219 LOCATION CONTRIBUTING CAUSE OF DEATH PM. 19 210 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 219 PLACE OF INJURY (AT HOME. STREET) ACTUAL SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 211 Penn St. 213 INJURY OCCURRED ACTUAL SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 211 Penn St. 213 INJURY OCCURRED ACTUAL SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 211 Penn St. 213 INJURY OCCURRED ACTUAL SIGNATURE EXAMINER'S NAME GREGORY R. Kauffman, M.D. ADDRESS 214 INJURY OCCURRED ACTUAL SIGNATURE EXAMINER'S NAME GREGORY R. Kauffman, M.D. ADDRESS 215 INJURY OCCURRED ACTUAL SIGNATURE EXAMINER'S NAME GREGORY R. Kauffman, M.D. ADDRESS 216 INJURY OCCURRED ACTUAL SIGNATURE EXAMINER'S NAME GREGORY R. Kauffman, M.D. ADDRESS 217 EVINERAL DIRECTOR NAME ADDRESS 218 DATE EXCLOSURED 219 DATE SECTOR BY REGISTRAR'S SIGNATURE ADDRESS 219 DATE SECTOR BY REGISTRAR'S SIGNATURE			111 123, 0142			Rut	h Hins	on Rt.1 Box1	96 Cuba	, Missouri		
198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X N		gove ri couse (o	se to immediate) stating the <u>under</u> -	(b)_								
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 22a. Leertify that I taak charge of the remains described above, held an death resulted from: Notural couses X. Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. 23a. BURIAL CREMATION, REMOVAL COUNTY Burial 23b. DATE (SPECIFY) Burial 23c. NAME OF CEMETERY OR CREMATORY OWEN STREET OWN OWEN STREET COUNTY ADDRESS 23c. NAME OF CEMETERY OR CREMATORY OWEN STREET COUNTY Country Side Mem. Garden County 25b. REGISTRAR'S SIGNATURE 25c. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25c. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25c. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25c. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	NO		GNIFICANT CONDITIONS	CONTRIBUTING TO O	DEATH BUT NOT RELATED TO THE TERM	AINAL OISEASE OR CONOIT	TON GIVEN IN PAR	RT 1 (a)				
UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR COUNTY 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a L certify that I taok charge of the remains described above, held on death resulted from: Notural couses X Accident Notural Couses X Accident ACTUAL SIGNATURE ACTUAL SIGNATURE EXAMINER'S NAME (SPECIFY) EXAMINER'S NAME Gregory R. Kauffman, M.D. ADRESS ADDRESS 11 Penn St. 23a. NAME OF CEMETERY OR CREMATORY COUNTY Burial 12b. Date REC'D. By REGISTRAR'S SIGNATURE 25b. Date REC'D. By REGISTRAR'S SIGNATURE 25b. Date REC'D. By REGISTRAR'S SIGNATURE 25b. Date REC'D. By REGISTRAR'S SIGNATURE ADDRESS 25b. Date REC'D. By REGISTRAR'S SIGNATURE	TIFICATI	19a DATE OF	OPERATION	19b. CO	NOTION FOR WHICH OPER	RATION WAS PERFO	ORMED?					
ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Burial AT WORK AT WORK 120. L certify that I took charge of the remains described above, held on Autopsy (Inspection Indicated Inspection Indicated Indicated Inspection Indicated Indicated Inspection Indicat	U	UNIDERLYING	OR NG CAUSE OF	DEATH HOUR	A.M. MONTH DAY YEA P.M. 19	R	RY OCCURRE	D LENTER NATURE OF INJURY IN IT	EM 18 PART I OR PAR	172).		
death resulted from: Notural couses X., Accident , Suicide , Hamicide Undetermined manner , ACTUAL SIGNATURE	MED	WHILE AT WORK						CITY OR TOWN	COU	INTY S		
ACTUAL SIGNATURE				77		ucide , Har	nicide .	1- /	and in my ap	inian		
336 BURIAL CREMATION, REMOVAL (SPECIFY) Burial 8-13-85 Country Side Mem. Garden Garden Owensville, Gasconade, Miss 24. FUNERAL DIRECTOR NAME ADDRESS ADDRESS ADDRESS ADDRESS					12		(MEDICAL EXAMINER	DATE	8/11/85		
Burial 8-13-85 Country Side Mem. Gardens Owensville, Gasconade, Miss		EXAMINER'S	NAME Grec	orv R.	Kauffman, M.I). ADDRESS	111	Penn St.				
NAME ADDRESS ASSOCIATION ASSOC	_											
		BURIAL, CREMA (SPECIFY) Bu	TION,REMOVAL	3b DATE	I231 NAME OF CE	METERY OR CREMA	Garde	ns Owensville				

water equipment took the company of the contract of the contra Northean Little Lynn Lynn Principal Land Office L. Control Com. Control Escasario, el impenso, ell'ivaneso de como . del con correcto de .- de . forfatti

for measured and animal import office

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEP

(Greeks	-	CALAB	42

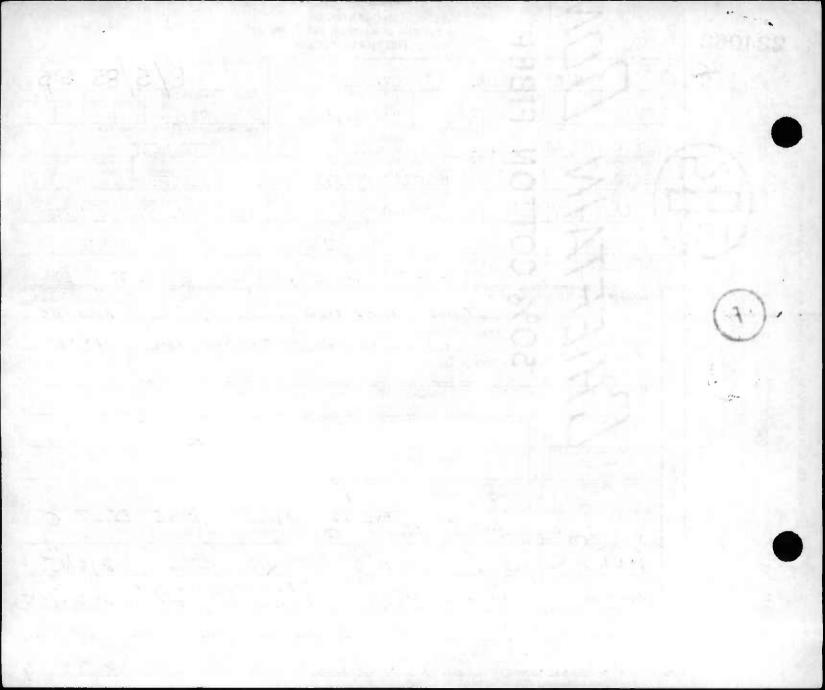
CERTIFICATE OF DEATH	REG. NO.		
BRADLEY	20 DATE OF DEATH MONTH	5/85	26 HOUR
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA)	MONTHS DATS	IF UNDER 14 HR

	REGISTRAR				CERTII	ICAIL OI DEAL	11	REG.	NO.		
	CEASED NAME	FIRST		MIDDLE	L	AST	20	DATE OF DEATH	MONTH D.	AY YEAR	26 HOUR
1	L ON PRINTS	MARY		A.	BRA	DLEY			8/5	185	6.08 M
3 SE	Х		4 RACE		5. DATE C		6	AGE (IN YEARS LAST	BIRTHDA)	UNDER 1 YEAR	IF UNDER 14 HRS
F	EMALE	SE	CAUCAS	IAN	MAY	25.189	5	90	YRS.	ONTHS DATS	HOURS MIN.
7a B	IRTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARR	150 0 91	BALTIMORE CITY	OR COUNTY	OF DEATH	
u	ASHINGT	ON, DC	u.s.		WIDOWE	DIVORC	ED [MONT	GOMERY	/	MD
	ITY OR TOWN OF D	EATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET		OR OTHER INSTITUT	ION 12	USUAL OCCUPA		12b. KIND C	OF BUSINESS OR
	IHEATON		RAN	DO LPH H	ILLS	NURSING	HOME		WIFE		
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1	THOMAS			NLEY		MINNI	E			O'BOYL	.E
16a \	WAS DECEASED EVI		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	T 00 1		DRESS		
N	0			224-92-	3310	EDWARD	t. BKA	VLEY	SAME AS		SON
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FIC	THE DATE OF OTER	(711)	178 COND	morrox willen	OLEKATIO	THE STERN OWNER			IN CERTIFY	ING CAUSES	OF DEATH?
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	OR CONTRIBUTING	CAUSE OF DE	HOUR A	M. MONTH D							
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					, 01	nd that in (our)	apinion dea	th occurred an the	date and hour	and from the	
	22b. AGNATURE	Maid Maid no	Ti view the bady	after death.		DEGREE				22c. DATE	SIGNED
	Marte	u C	ni.	.0	M		IDING A	AEDICAL ST	AFF	8/	6/85
	224 PHYSICIAN'S	NAME (TYPE C	R RRINT)			22e ADDRESS	7	150000		-	- / - 0
	MARTI) c	. SHA	RGEL ,	M.D.	K	FALLIN	FARRAGI	MALL	MICAN	20895
	BURIAL, CREMATIO	N, REMOVAL	23b DATE	23c	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION			
	BURIAL		8/8/	85 NA	TIONA	L MEMORIA	L PARK	FALL	S CHURC	CH V	IRGINTA
24 F	UNERAL DIRECTOR	RANCIS	J. COL	LINS ADDRESS			25a. DATE RE	C'D. BY REGISTRA	AR 25b. REGISTR	AR'S SIGNAT	URE
5	00 UNIV. B	LVD., W	., SILVE	R PRING,	MD.	20901	AUG (3 1985	The Die	4dson-R	undelle :

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR

IMPORTANT: If Hem 21 is should be detached fo with the State Dept of



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR				CERTII	ICATE OF DEATH	REG. 1	10.		
	1 DEC	CEASED NAME	FIRST		NIDDLE	0	LAST	20 DATE OF DEATH	MONTH DA		26 HOUR
1	_	F	ranci	5	W.	Bro	uArd		8-30		Ilila M
	1. SEX	44 1 -	4.	RACE	·	S. DATE (6 AGE (IN YEARS LAST 8		UNDER 1 YEAR	HOURS MIN.
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1	/e. till	Countary		CITIZEN OF	" N	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	e I /	
7	ID CI	TY OR TOWN OF DEA		NAME OF H	OSPITAL, NUI	RSING HOME	DR OTHER INSTITUTION	120 USUAL OCCUPA	100 MC	124 KIND O	F BUSINESS OR
8	5	ilver Sp	ring	[IF NOT IN SUG	FACILITY, GIVE ST	CPO.	SS	ACTIST	OF WORKING LIFE)	U.S. D	eptiof Agr.
4	130 S	AL RESIDENCE (IF NURS	136 COUNT	HER INSTITUTION	136 CITY OR T		138 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	101	1
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0	F	Fancis	V	ODLE V.	Broud	ird	May	MIDDLE		POTTO	er
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-1	3	PART I. DEATH W	'AS CAUSED IMMEDIATE		do by	refer	January	monit	76	DA-	24
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	AL C	OR CONTRIBUTING		HOUR A.A		DAY YEAR					
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	E	220.1 certify that (1)					26 1903	, to 3	. 19		hot li we lost
ı,		sow the decease	did (did not)	view the body	offer death.		nd that in (my) (aur) pinion	deoth occurred on the	date and havi d		
'n		17% SAGRATURE	0	Oto	50		DEGREE ATTENDING PHYSICIAN [MEDICAL ST	AFF _	22c. DATE :	SIGNED
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		JAMU	EL	INS	COH	5	10313 Gen	rese an	e. Il	ver St	Un 2098;
	23o B	SURIAL, CREMATION,	REMOVAL	236 DATE	1	3c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		YIMUGU	& STATE
	(Crematio	n	8/31	185	Chan	ibers Crenator		He	MG	Md.
í	24 FL	JNERAL DIRECTOR	11	1	ADDRE		10 01	TE REC'D. BY REGISTRA		ARIS SIGNAY	andell
- 1		Willia	name	DC12 C	O.Inc.	Silise	9, Md20910		1/		1

DHMH - 16 60M 7/8-(VRA 15, 4)

to FUNERAL DIRECTOR , should be detucted for use with the State Dept. of Hea

MPORTANT # 18

Line Or I. A. S. Erredan L.

AND THE PERSON ASSESSED.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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			CEASED NAME	FIRST		MIDDLE	LAST		2a DA	TE KNOWN	A MONTH	DAY YEAR	26 HOUR
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PRESTON ST	ERW J		PART DEATH W		TE CAUSE (a) MI	ultiple in	juries						
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۵	ANNER: THIS C FICATE, WRIT EF CRWARDE CTOR: PAGE 3 THE STATE D	-	AT WORK AT V	VORK	road		I-70	- Jug B	ridge at		cy Riv	ver,Fre	d,Md.
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	ALE HE HE HO HE H, E, W		SIGNATURE	Mu	LNOX	nugh 1	My M.D. A	ssistan	t_MEDICALE	XAMINER	DATE	8/27/	85
	ORA SET		EV A LA INTERIO AL A LA F			//							
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL E AFTER DEATH, BALTMORE, M		(TYPE OR PRINT)	Den	nis F. Sm	yth, M.D.	ADDF	ESS_111_	Penn St.	Balto.	MD.		
	DASTA S	23a BI	JRIAL, CREMATION,			23c. NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATIO	N	COUN	TY 5	STATE
07/84	BP		BURIA	6	8/30/85	GARRISO	N FOREST		M OWING	S MILLS			D
25M	DHMH - 17	24 FI	NERAL DIRECTOR		ADDRESS				REC'D. BY REGIS		Davidsor	GNATURE M	2.
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BUELL 3/3/35 GARLESON FURS OUT OFFICE (FLETD.) ID.

BP_ DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

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2	3	6.40	3	5

REG. NO. 20 DATE OF DEATH MONTH

232049	1	REGISTRAR	
e e e e e e e e e e e e e e e e e e e		CEASED NAME ERST Jee	ın
moy be the death	3. SE	× Female	RAC
- 1 B		COUNTRY)	. CIT
	10.0	Maryland III OF TOWN OF DEATH), N
		AL RESIDENCE (IF NURSING HOME OR OT STATE 13b. COUNTY Maryland Monte	HER II
4 = 12 2		ATHER'S NAME	DDLE
ALTIMORE, A te be execute icion and cor icion and cor		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE V	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within the haspital or ottending physician. ORECTOR, After this certificate been samed by the ottending physician and completely balted for use as the buriol-transit permit. Then please remove corbangoests. Page contact of Health and Mental Hygiene prior to buriol, cremation, or removal.	NO	Conditions, if ony, which gove rise to immediate couse 10), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	D
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OR ATTEND or hospital of DIRECTOR: A sched for use Dept. of Heal		228. I certify that (I) (this hospitol saw the deceased olive on obove. (I) (in ph) did) (did not) 226. SIGNATURE	view
TO HOSPITAL TO FUNERAL should be deto with the Store	270	MANK T	226

3. SEX Female RACE White SLORE OF BRIDE SLORE OF CHILD NOT SLORE OF BRIDE SLOR		CEASED NAME	ERST Jea	n	D.		Brown	2	a. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR		
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BERNPLACE	3. SEX			RACE	U- U- V	5. DATE C	OF BIRTH		AGE (IN YEARS LAST BE					
MARRIED DONORCED DONO	-	Female		Whi	te	MONTH	27	23	61		ONTHS DAYS	HOURS MIN.		
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11 CAUSE OF DEATH Enter only one course per limited to it. 12 AMEDIAN CONTRIBUTION 17 INFORMANT 18 COLOR ASSOCIATION 18 COLOR A				U.S.A					Mont	9 nm	ery	MD.		
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15 MOTHER'S NAME 15 MOTHER'S MADE 15 MOTHER'S MADE 16 MODE											20815			
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OR CONTRIBUTION C CAUSE OF DEATH FEBTHER NOTIFY REDICAL EXAMINER P.M. 19 Tale INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE		PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING	G TO DEATH BUT					N IN PART 1	0		
OR CONTREUTING CAUSE OF DEATH OF CONTREUTING CHERRAL REDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (I) (this hospital) attended the deceased from obove. (If (worldid) (did not) view the body after death. 22d. I certify that (I) (this hospital) attended the deceased from obove. (If (worldid) (did not) view the body after death. 22d. PHYSICIAN'S NAME (1YPE OR PRINT) MANK PHYSICIAN'S NAME (1YPE OR PRINT) PHYSICIAN'	Z													
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OR CONTRIBUTION C CAUSE OF DEATH FEBTHER NOTIFY REDICAL EXAMINER P.M. 19 Tale INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE	TIF							0.0						
OR CONTREUTING CAUSE OF DEATH FETHER NOTIFY REDICAL EXAMINER P.M. 19	E E			110110 4		L DAY YEAR	21c HOW INJURY	OCCURRED	ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART T OR PART 2}			
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278. I certify that (I) (this hospital) ottended the deceased from 19 , 19 , 10 , 19 , 10 , 19 , 10 , 19 d , 10 to (I) (we) lost saw the deceased olive on obove. (I/ (we) did) (did not) view the body ofter death. 276. SIGNATURY 276. PATENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIR	\S			(AT HOME, STI	REET, FACTORY O	PFFICE, FARM, ETC)	STREET	-	0/	74414	01	51716		
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276. SIGNATURE 276. SIGNATURE 276. SIGNATURE 276. SIGNATURE 276. SIGNATURE 276. PHYSICIAN DIRECTOR PHYSIC		saw the decease	ed olive on_	d'/	77		nd that in (my) (our)	opinion dec	oth occurred on the d	ote and hour	ond from the	couses stoted		
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA			did) (dia not)	view the body	1 .		DEGREE		7		22c. PATE	SIGNED		
MANK TWE WITH M 11125 Rockville Pike, Rockville, Md. 236. BURIAL, CREMATION, REMOVAL 1236. DATE 88/15/1985 Rock Creek Cemetery Rock Creek Cemetery Washington, D.C. 24 FUNERAL DIRECTOR JOSEPH GAWLET'S SONS INC. 256. DATE REC'D. BY REGISTRAR'S SIGNATURE		1/6	nh T	reu	15 Hr	MI	ATTEN PHYS	IDING I	MEDICAL STA		07	11/85		
236. BURIAL, CREMATION, REMOVAL (SPECKY) Burial 236. DATE 80/15/1985 Rock Creek Cemetery 236. LOCATION (SPECKY) Burial 236. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR JOSEPH GAWLEY'S SONS INC. 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 256. DATE REC'D. BY REGISTRAR'S SIGNATURE 256		224 PHYSICIAN'S N	AME (TYPE ORP		10-	1 M.	22e ADDRESS							
(SPECET) Burial 8/15/1985 Rock Creek Cemetery Washington, D.C. STATE 24 FUNERAL DIRECTOR JOSEPH GAWLER'S SONS Inc. 256. DATE REC'D. BY REGISTRAR'S SIGNATURE 256. DATE REC'D. BY REGISTRAR'S SIGNATURE		197	ank d	TWE)	NTER	NIO	11125 R	ockvil	le Pike,	Rockvi	lle, Mo	d.		
24 FUNERAL DIRECTOR JOSEPH GAWLEY'S SONS INC. 258. DATE REC'D. BY REGISTRAR'S SIGNATURE	23e. E	BURIAL, CREMATION,	REMOVAL	236. DATE	-0-						401114	STAYE		
MAZO IN CO ATTO NAME WO ADDRESS D.C.		Burial		0/15/1	.985	ROCK CI	reek Cemet	ery	Washir	igton,	D.C.	STATE		
7150 Wisc. Ave., N.W. Warsh., D.O.	24 FL	UNERAL DIRECTOR	Josepi	Gawle	r's Se	ns Inc		25a. DATE R	REC'D. BY REGISTRAR	256. REGISTE	RAR'S SIGNAT	TURE		
AUG 10 108M		3130 Wis	sc. Ave	N . N	• Wa ADE	Mr. D.C	•	AU	6 1 5 1985		and the	-Randalle		

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AND 21201

PRESTON ST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL LINE TELE

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	1-	STATE REGISTRAR			DEPA	CERTIF	ICATE OF DEAT	H H POIL		REG. NO.						
		CEASED NAME FOR PRINT)	PAUL.		M.	BROWN	AST		2a. DATE OF DE	ath Month	02	1985	26 HOUR 2:35P			
	3. SE)	FEMALE	U.	4 RACE BLACE	K	Dec.	8, 1935	6	AGE (IN YEARS	LAST BRITHDAY)	MON	UNDER I YEAR	HOURS MIN			
1	Ne	RTHPLACE (STATE O		U.S.A.		MARRIEI		ED D	Montgo	mery	NTY O	FDEATH	٨			
2	S	ilver Spr	ing	Holy	Cross H	ospital	OR OTHER INSTITUTI		OCIAL	MOST OF WORKIN		126 KIND O INDUSTRY U.S. (Gov't.			
1	13a. S	al residence (# NU STATE aryland	13b COUN		13CCITY ORT	OWN	13d Inside City Li		3e.STREET_APC	Dennis	O Ave	enue	0902			
6		Herbert L	. Rome		LAST		IS MOTHER'S MAI	na	M	IDDLE		hood				
1	16a. V	MAS DECEASED EVE		MED FORCES? E WAR OR DATES)	166 SOCIALS		James E.									
	NOI	Conditions, if an gave rise to it cause (a), star underlying cau	y, which nmediate ling the se last.	(b)	R AS A CONSE PLA R AS A COMBE MAI ONTRIBUTING	OUENCE OF	System NOT RELATED TO T	HE TERMIN	The A	R CONDITION	GIVEN	IN PART I C	0			
2	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED		200 AUTOPS		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO					
7	MEDICAL CER	22a I certify that	CAUSE OF DEADICAL EXAMINER RRED WHILE ORK 1) (this hospit	P. 21e. PLACE (AT HOME, STE	M. MONTH M. OF INJURY REET FACTORY, OFF e deceased fro otter death.	ice FARM ETC)	211 LOCATION SIREET 211 LOCATION SIREET 19 ad that in my our) DEGREE ATTEN	opinian de	oth occurred o	or town or first n the date and	2, 19.	COUNTY				
1		22d PHYSICIAN'S PH			7		PHYSICIAN DIRECTOR PHYSICIAN B/2/85						-/83 n. Md.			
	Ć	BURIAL, CREMATION Cremation		236. DATE Aug. 5,	1985	J.Wm.Lee	e's Sons	ATORY	Washi	ngton	e	D.	C. STATE			
		UNERAL DIRECTOR NAME Fune	ral Se		ALMAN E	ia Ave.N Nashingt	1 1/4	250. DAI	165 BY REG	985 REG		B'S SIGNAT				

DHMH - 16 60M 7/84 (VRA 15, 4)

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2011 Pennis Armone

August 12 1985 7 15E

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AUGIEND

IF UNDER LYEAR

INDUSTRY

Unknown

IN CERTIFYING CAUSES OF DEATH?

COUNTY

126 KIND OF BUSINESS OR

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
1. DECEASED NAME	nobia	MIDDLE	BR	Brown	20 DATE OF DEATH MON	DAY YEAR
3. SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YE
FEMALE	WHI	TE	THOM	10 1894	90	YRS
To. BIRTHPLACE (STATE ORFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY OR C	DUNTY OF DEATH
Virginia /	U.S	. A.	WIDOWE	La care to	MONTEG	OMER
10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIN
TAKOMA PARK	HERITAL	HEACHITY GIVE STREET	CAKE AVE	THOMA PARK	Practical N	
USUAL RESIDENCE (IF NURSING HOME OF 139 STATE	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZII	P CODE 1841
D.C. W	TSHNGT	DN D. C		YES NO	ROAD NW #	310A WA
14 FATHER'S NAME				15. MOTHER'S MAIDEN N		
M	MIDDLE	McCann		Unknow	WIDDLE	Unkno
160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRESS	17-

16a V	AS DECEASED EVER IN U.S.		166 SOCIAL SECURITY NO	17 INFORMANT	,	ADDRESS .	V.	
	NO CIETES	GIVE WAR OR DATES)	579-40-6859	Lawrence	D Huntsman.	10560-Mai:	n St.,	Fabria
7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUENCE OF	voscular	occidei			TE INTERVAL ET AND DEATH
ATION	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO DEATH BUT					SUSED

216. TIME OF INJURY ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION

21d INJURY OCCURRED 21e PLACE OF INJURY

226. SIGNATUR

23a BURIAL, CREMATION, REMOVAL (SPECIFY Burial

8/6/1985

23c NAME OF CEMETERY OR CREMATORY
Ft. Lincoln Cemetery

DEGREE

Brentwood

Maryland

STATE

STATE

BP DHMH - 16 50M 4/83 (VRA 15. 4)

IO FUNERAL DIRECTOR: After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remove carb weith the State Dept. of Health and Mental Hygiene prior ta burial, crematian, or

18 shov

marked or Item.

If Hem

MPORTANT

CERTIFICA

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

14 FUNERAL DIRECTOR JOSEPH GAWLET'S SONS INC. 5130 Wisc. Ave., N W. Wash. D.C.

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STATE OF MARYLAND

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STATE	DEPARTMENT OF HEALTH AND MENTASHTOLIKA
SIAIE	AMERICAL EVALUATION CERTIFICATE OF DEL
REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEA

TH

		REGISTRAR			-10/18	.,,,,,,,,,,,,,	N 3 GEN	THIGHTE	DI DEA	REG. NO		100	
		EASED NAME	FIRST		MIDDLE		LAST		1	20. DATE KNOWN	MONTH D	AY YEAR	26 HOUR
PRESTON STREET,			Mary	Too I	ee		Brow	wning		DEATH MATED	8	219 85	M
,	3. SE)	4	RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEARS		1 YR. IF UNDE		2c. DATE	MONTH E	JAY YEAR	2d. HOUR
	Fe	male V	White		1948	37 YRS.	MONTHS	DAYS HOURS	MIN	PRONOUNCED DEAD	8	2 19 85	6:10P
0			TE OR	76 CITIZEN OF WH				TX		9. BALTIMORE CITY OF			744
5	Ke	entucky		U.S.A.			MARRIED	NEVER MARE	-	Montgo	- 201011 Co		
1		TY OR TOWN O	FDEATH	II. NAME OF HOS	PITAL NUR					Montgon JAL OCCUPATION (TYPE		KIND OF BU	SINESS
1				(IF NOT IN SUCH FA	CILITY, GIVE ST	REET ADDRESS)				MOST OF WORKING LIFE)		OR INDUSTR	
4	TICLLA	Olney		MONTGO		General	Hospi	Ltal	но	usewiie		Home	
A	13a S	TATE	113h COUN	TV			13d.	INSIDE CITY LIMITS?	13e STRI	EET_ADDRESS	~ .	000=4	
ĕ	M	aryland	Mont	gomery	Roci	or town kville	YE	ES X NO []	4523 Dabney	Drive	20853	3 .
7	14. FA	THER'S NAME		MIDDLE		ACT	15.	MOTHER'S MAID	EN NAME	WIDDLE			
I)	lo1	Vernon		Model	Ev	tchison		Jean		MICOLL]	Hudson	
	Ióa. V	AS DECEASED	EVER IN U.S. AR		166. SOC	IAL SECURITY N	10. 17.1	NFORMANT		ADDRESS	a.	• .	
	{Y	S, NO, OR UNKNOW	N) (IF YES, GIVE	WAR OR DATES)	213-	54-8245		Richard	Hunte	r Browning	Same 13 a-	as ite	ms
		IR CALISE OF	DEATH (Enter on	ly one couse per line	for (a) (b)	and (a))					-5 6	APPROXIMATE	INTERVAL
	100	PARTIDEA	TH WAS CAUSE	D BY:			rotic	cardiov	2001]	ar disease		BETWEEN ONSET	AND DEATH
	200	1000	IMMEDIA	TE CAUSE (o)		SEQUENCE OF	LOCIC	Carulov	ascul	at utsease			
		Conditions	, if any, which	DUE TO, OR	AS A CON	SEQUENCE OF							
		gave rise	to immediate	(b)				100 100 110					
		couse (a) s lying couse	tating the <u>under</u> -	DUE TO, OR	AS A CON	SEQUENCE OF							
		7,9 2005.		(c)									
		PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	EO TO THE TERMINA	L OISEASE OR C	ONOITION GIVEN IN P.	ART 1 tol				
	O												
1	CERTIFICATION	190. DATE OF C	PERATION	196 CONDIT	ION FOR V	WHICH OPERAT	ION WAS P	ERFORMED?			2	0 AUTOPSY?	
	띮												NO 🗆
ě	ER	21e EXTERNAL	CAUSEWAS	21b. TIME OF	INJURY		21c. HOW I	NJURY OCCURR	ED LENTERN	NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 21	ILS LA	140 🖸
1	3	UNDERLYING	OR	HOUR A.M									
	MEDICAL	214 INJURY OC	G CAUSE OF	P.M.		19 (AT HOME.	21f. LOCATI	ION					
	ME		NOT WHILE		ORY, FARM, ET		STREET	OIV		CITY OR TOWN	COUNTY		STATE
		AT WORK	AT WORK										
		22a I certify	that I took charg	of the remains des	cribed abov	ve, held an	Autopsy [X. Inspection	on .	Inquiry . ond	I in my opinio	n	
		death resulted	from: Note	rol couses X	Acadent	D. Sulco	le	Homicide .	Undete	ermined monner			
			1111	//	1/	T		TITLE (SPECIFY)					
	1	ACTUAL SIGNATURE	NM	Delock	///	111		cting Ch	ief		DATE	8/3/85	
	/	SIGNATURE	(1		17-11	13	M. 89.1 <u>C</u>	ocing cm	TC-MEDI	ICAL EXAMINER	SIGNED_	0/ 3/ 0	
7		EXAMINER'S N	AME Th	omas D. Si	ni th	MD		111	Donn	St. Balto.	MD		
	22- 01		ON.REMOVAL 7			IAME OF CEME				CATION	LID.		
	230.B	PEC IFY)	_	8/6/85				rial Par	CITY	ckville, Ma	rty COUNTY	ST	ATE
	24.5	Buri						riai Par				-	
	74. FI	NAME DIRECT	Tyson	Wheeler F	unera	l Home,	Inc.	ZOC DATE	KEC D. BY	REGISTRAR 256 REGIS	DAZZ AG	SHOTE BE	
	13	31 Kock	ville Pik	e Rockville	e, Ma	ryland 2	0852	1.00	,	/			

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120

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n and completely filled in by the Pages 1 and 2 should be filed wi TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval. TO HOSPITAL OR ATTENDING PHYSICIAN: The low

injury, or other troumotic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shows any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 2

,	REGISTRAR				CERTIF	CATE OF DEATH	1	REG. N	10.			
	CEASED NAME	FIRST		AIDDLE	U	AST	2a	DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
(TIPE	E	THEL		5.	E	BRUCE		AUG	9	1485	18:1	OAM
3. SE		4	RACE		5. DATE O			AGE (IN YEARS LAST BI	RIHDAY	MONTHS DATS	IF UNDER	24 HRS.
F	emale		White		Mai	rch 29, 188	86	99	YRS		HOURS	MIN.
7a. Bl	RTHPLACE (STATE OF F	OREIGN 7		WHAT COUNTR	Y? 8	NEVER MARRIE	9	BALTIMORE CITY	OR COUN	ITY OF DEATH		
T	Cennessee		U.S.A	•	WIDOWE			Montgo	mery	У		MD.
31111	ITY OR TOWN OF DEA	TH 1				R OTHER INSTITUTIO		USUAL OCCUPAT		126 KIND C		SSOR
	Rockville		Poton	iac Vail	ey Nurs	ing Home		Rousewif	e	nom (e	
13a S	AL RESIDENCE (IF NURS STATE Laryland	136 COUNT		Bethes	OWN 1	13d Inside City Lim	NITS? 130	STREET ADDRESS 7726 Gree	/ ZIP CC	e Road 20)817	
14. FA	ATHER'S NAME		DD15	1.47		15. MOTHER'S MAID						
	Albert	~	Scr	uggs		Tennes	see	MIDDLE		Narcis	uss	
16a V	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SE		17 INFORMANT	-	ADDR				
	NO OR UNKNOWN)	W 103, ONE	-	408-05-	-0332	Grace B.	Bruc	ce same a	ıs 136	e		
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for thi, (b),	ond ICI	610	-/			APPROX BETWEEN	MATE INTER	DEATH
	PART I. DEATH W	IMMEDIATE		190	2031	2/ 12/	lun	0				
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which (b) TYPY1050 PP105/										
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF											
	underlying couse		(c)	···								
z	PART 2. OTHER SIGN	VIFICANT	NDITIONS CO	ontributing t	TO DEATH BUT	NOT RELATED TO TH	IE TERMINA	ALDISEASE OR CON	1DITION (GIVEN IN PART 1	a	
CERTIFICATION	190 DATE OF OPERA	100	TIBL CONDI	TION FOR WHI	ICH OBED AT ION	N WAS PERFORMED	т	20a AUTOPSY?	20h JF	YES, WERE FINDIN	NGS HSER	
FIC	1 Ann	0	176. CONDI	None	ICH OF EKATIO	WAS FERI ORMED	l	156 AUTOIST	IN CER	RTIFYING CAUSES	OF DEAT	H?
ERTI	71a. ACCIDENT WAS UND	ERLYING	21h TIME O	FINJURY		12)r HOW INJURY	CCURRED	(ENIER NATURE OF INJ	IDV BY ITEM	YES []	NO [
	OR CONTRIBUTING	AUSE OF DEAT	3	M. MONTH		1	Bar -	(Citizanian on the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE		19	21f. LOCATION	070					
ME	WHILE NOI WH	ILE	(AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET CITY OR TOWN							COUNTY	5	TAIE
	220.1 certify that (I)			1000	65. 4-	. 2 19.	03	., to	UNA.	19	1	we) lost
	sow the decease	d alive on _ lid) did not)	view the body	ofter death.		d that ir (m) (our) a	ppinion deo	oth occurred on the c	Jote and h			oted
<	77b. SIGNATURE	3	la	Man	n	DEGREE ATTENE		MEDICAL STA		22c. DATE	SIGNED	5
	224. PHYSICIAN'S NA	AME (TYPE OR	PRINT)	0-1		77s. ADDRESS	2	1 0	1.	01	-	2 /
	John	8.0	mhan	IND		8805 (0	mn.	AR. CA	Pag	Chose	11/1	N
23a. l	BURIAL, CREMATION, (SPECIBURIAL	REMOVAL	236. DATE 8/12/	85	Spring	EMETERY OR CREMA Hill Cemet	tery	23d LOCATION CINASTIV	ille,	Tenness	ee s	TATE

DHMH - 16 50M 4/83

²⁴ FUNERAL DIRECTS/Son Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Maryland 20852 (VRA 15, 4)

250, DATE REC'D. BY REGISTRAR 256, DEGISTRAR'S SIGNATURE AND LOCAL PROPERTY OF THE PROPERTY OF



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE

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B1-340				

	REGISTRAR				CERTIF	FICATE OF DEAT	Н	REG	NO.		
	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH		AY YEAR	26 HOUR
-	RUTH	A.	E	BURKE	=				8/111	85	7AM
3 SE	X		RACE		5. DATE C		6	AGE (IN YEARS LAS		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
- 4	EMALE	12.0	WHIT	TE	15		4	90	YRS	JIVITS DATS	HOURS MIN.
7o 8	IRTHPLACE (STATE OR	FOREIGN	L CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRI	ED 🗇 9	BALTIMORE CIT	Y OR COUNTY	OF DEATH	
	MD		USP	1	WIDOW	ED DIVORC	ED 🗌	MONT (MER	Y	MD.
10 C	ITY OR TOWN OF DE.	ATH .		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION		20 USUAL OCCUP			F BUSINESS OR
Ś١	wer spr	2-Day	HOLY	CROSS		OSPITAL		CLE			G.A.O.
	AL RESIDENCE (IF NUR	13b COUN	TY STITUTION	GIVE RESIDENCE BEFOR		1 13d INSIDE_CITY LIA	MITS?	3e STREET ADDRE	SS		
-	YLAND	MONTG	OMERY	ROCKVILLI	E	YES NO			ALCON ST	REET	20853
14. F/	ATHER'S NAME FIRST		NIDDLE	LAST		15. MOTHER'S MAIL		MIDDL		IAS	ī
	WILL		<u>C.</u>	TREH			OLLIE			TEGELE	R
.(WAS DECEASED EVER		WAR OR DATES)	16b SOCIAL SECU	JRHY NO.	17 INFORMANT			DRESS		
	10			1218-4	0-114	<u> </u>	NNE E	. GILL	SAME AS		DAUGHTER
	18 CAUSE OF DEAT PART I, DEATH W			line far (a), (b), an	nd ici.					BETWEEN	IMATE INTERVAL ONSET AND DEATH
		IMMEDIATE		Then	mom	ra					
			DUE TO, O	R AS A CONSEOU	ENCE OF						
	Canditians, if any	, which	((b)_								
	gave rise to immediate cause (a), stating the DUETO OP AS A CONSEQUENCE OF										
	underlying cause										
	PART 2 OTHER SIG	NIEIC ANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	JE TERMAIN	AL DISEASE OF C	ONIDITION CIVE	NI INI DADT 1	
NO			5.1011.0110 <u>0</u>	3	001	THE RELATED TO THE	TE TERMINA	AL DISEASE ON C	3140111014 01421	THE PART TO	
CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDIN	
TIFIC	The state							YES NO		ING CAUSES	OF DEATH?
CER	210 ACCIDENT WAS UN	DERLYING	216 TIME O			21c HOW INJURY	OCCURRED				
	OR CONTRIBUTING			M. MONTH D.							
MEDICAL	(IF EITHER NOTIFY MEDI		P. 21e PLACE		19	211 LOCATION					
M	WHILE TO NOT WE			REET FACTORY, OFFICE I	FARM ETC)	STREET		CITY O	RIOWN	COUNTY	STATE
	220 I certify that (I)		al) attended th	e deceased from	8	- 3 10	825	10 8-	. 11	82	at
	saw the deceas	ed alive an_	8 -	10 19 8	00	nd that in (my) (aur) i		. 10			that (I) (we) last
	abave, (I) (we) (did) (did nat	view the bady	after death.		DEGREE			out on a noor	22c DATE S	
	XX	7	AC	Trans or		ATTEN	DING		TAFF		
	228 PHYSICIAN'S N.	AME LIVE OF	PRINTI			PHYSIC	CIAN	DIRECTOR PHY	SICIAN	10-11	-82
	Stor	A S	A R	11.000			04-15	10	ik Dr.	5.0	
22 - 1		25.110	100 0.00	ا ا ادر	11115 02 0		Medi		The W.	Julia	Jemy
230.	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMA		23d LOCATION	NOTAL 4	COUNTY	STATE
2 A E	BURIAL	TO LUC	8/14		MT. 01	LIVET CEME			NGTON, 1	. C.	105
	UNERAL DIRECTOR	FRANC		OLLINGS				REC'D. BY REGISTR	12	don-Ru	
50	O UNIV. BLV	D. W.	SILVER	SPRING. A	NU. 209	701	AHG :	1 0 1005	The war war	avan-hay	Indian.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate for bestanded be detached for use as the buriof-transit primary with the State Dept. of Health and Mental Hygier primary.

or Hem 18 sho

MPORTANT: If Item 21 is marked

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

retained by the haspital or attending physicia

TO HOSPITAL

DANTH A SEBURKE WE SEED TO SEE THE THE BELLEON OF THE PARTY OF THE 19 and Type of the ASM In the State of the S LEADING THE STATE OF THE STATE OF PARTY STATES ASSETT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 RODGERS JOHN DR. BY CLEARED

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE

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Com	0	fina	9	

- STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			
1. DECEASED NAME FIRST	WIDDLE		AST	A17	20. DATE OF DEATH MONTH	DAY	YEAR	2b HOUR
EDDIE	M.	BURT	ON		AUGUST	07	1985	7:18
3. SEX	4. RACE	5 DATE (YEAR	6 AGE (IN YEARS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
MALE	BLACK	FEB.		1922	63 YF	RS.	DATE	MIN MIN
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BAL				9 BALTIMORE CITY OR COU MONTGOMERY	NTY OF DI	EATH	MI
SILVER SPRING	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR HOLY CROSS HO	REET ADDRESS)	R OTHER INS	NOITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK II) MECHANIC		. KIND OF DUSTRY	F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 13b. COU	NTY 13c CITY OR TO	NWC	13d INSIDE (CITY LIMITS?	13e STREET ADDRESS / ZIP C 1233 E. RANI	ODE	ROAL)/ 2090
14 FATHER'S NAME FIRST PERCY BURTO	MIDDLE LAST			SMAIDENNA	11/0/01/0	14	LAST	
160 WAS DECEASED EVER IN U.S. AR			17. INFORM		ADDRESS			
(15 YES WW	ZIA 216-16-	-0139	FLOR	INCE BUI	RION (WIFE) SAM	IE AS	#13	
PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF THE CONSECTION OF TH	CALSP DUENCE OF TITULA DUENCE OF	- tac	hycra	AINAL DISEASE OR CONDITION		min	
	lateral myea	proposal	infarc	char C	HF COPD	OWEN		
HX Antero 190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFO	DRMED		YES, WER RTIFYING YES		IGS USED OF DEATH? NO
		DAY YEAR	21c. HOW II	4JURY OCCURE	RED {ENTER MATURE OF INJURY IN ITEM	18 PART) OF	₹ PART 2}	
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTI WHILE AT WORK AT WORK AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	CE FARM ETC)	211 LOCATI		CITY OR TOWN	co	YINUC	STATE
	other deceased from Tala 19	85-0	DEGREE		to 7115 death occurred on the date and		from the c	
2741112 22d. PHYSICIAN'S NAME (TYPE C	Church 25.	0	22e ADDRE		MEDICAL STAFF DIRECTOR PHYSICIAN	-velle	8/7	185
230. BURIAL, CREMATION, REMOVAL	23b. DATE 23	IL NAME OF C	EMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN	1011	NIV	STATE

should be detoched for us with the State Dept. of He MPORTANT: If Item 21 is TO HOSPITAL BP.

TO FUNERAL DIRECTOR.

or frem 18 shows ony

DHMH - 16 60M 7/B4 (VRA 15, 4)

8-10-85

GOOD HOPE CEMETERY

SILVER SPRING, MONTG. MD

24 FUNERAL DIRECTOR
George R. Snowden

BURIAL

246 N. Washington St. Rody 111e, MD 20850

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STREET BEARING SIGHT BOTTONES

remove carban papers. Pages

should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar

IMPORTANT: If them 21 is marked or them 18 shows any

injury, or other troumotic event, th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL-HYGIENE

REGISTRAR				CERTIFI	CATE OF DEATH	REG	NO.		
DECEASED NAME	FIRST	MIF	DOLE	£A	NST .	2a. DATE OF DEATH	MONTH	QAY YEAR	2b. HOUR
(TIPE OR PRINT)	John	Ro	bert	Byr	ne	August	15, 1	.985	11;05p.
SEX	4.	RACE		5. DATE O		6. AGE IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Male		White		Augu	st 29,1905	79	YR:		HOURS MIN.
BIRTHPLACE (STATE COUNTRY) ontgomery	Co.,MD	United States WIDOWED X			DIVORCED [MA AND ADDRESS OF THE PARTY OF			WI
Brinklow		#10-P1	racility, give street a	ourt	R OTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO Ret. Owne)	ST OF WORKIN	G LIFE) INDUSTRY	nating
ual residence (IF) a. STATE Aryland	NURSING HOME OR OT 13b COUNTY Montge	Υ 1	THE RESIDENCE BEFORE 3. CITY OR TOWN 11ver Sp.	N 1	13d INSIDE CITY LIMITS? YES NO	10841-Ch	lds S	itreet	20901
FATHER'S NAME FIRST Walter		DDLE	Byrne		15. MOTHER'S MAIDEN NA	MIDDL 4		Kn	ode
. WAS DECEASED E		WAR OR DATES	6b. SOCIAL SECUI		17. INFORMANT		DRESS		
NO OR UNKNOWN	(IF YES, GIVE W	The Dates,	578-07-4	343	Robert Britt	Byrne(so	1) San		
NO 18. CAUSE OF DI	EATH (Enter only H WAS CAUSED I	one couse per lii BY:		d (c).)	Robert Britt	Byrne(so	ı) Saz		
18. CAUSE OF DI PART I. DE AT	EATH (Enter only H WAS CAUSED EIMMEDIATE (one couse per li BY: CAUSE (o)	ne far (o), (b), and Heavt	d (c).)					
18. CAUSE OF DI PART I. DE AT	EATH (Enter only H WAS CAUSED & IMMEDIATE (only, which immediate toting the	one couse per lii BY: CAUSE (o) DUE TO, OR	ne far (o), (b), and Heavit AS A CONSEQUE	NCE OF	Failure eretic Hear	t Disea		APPROX BETWEEN	MATERIAL DIAJH WELKS YVS,
18. CAUSE OF DI PART I. DE AT Conditions, if gove rise to couse (o), st underlying co	EATH (Enter only H WAS CAUSED & IMMEDIATE (only, which immediate toting the ouse lost	one couse per line BY: CAUSE (o) DUE TO, OR DUE TO, OR (c)	ne for (o), (b), one Heavt AS A CONSEQUE AS A CONSEQUE TYPE	NCE OF SCI	Failure	t Disea	se,	APPROX BETWEEN G	mate interval in onset and death weeks . YVS,
18. CAUSE OF DI PART I. DE AT Conditions, if gove rise to couse (o), st underlying co	EATH (Enter only H WAS CAUSED 6 IMMEDIATE 6 only, which immediate forting the buse lost.	one couse per ling BY: CAUSE (o) DUE TO, OR (c) DUE TO, OR (c)	AS A CONSEQUE	NCE OF SCATH BUT I	Failure eretic Hear Jens's	t Disea	S C , DNDITION (APPROX BETWEEN G	WAS USED
Canditions, if gove rise to couse (o), st underlying co PART 2. OTHER S	EATH (Enter only H WAS CAUSED 6 IMMEDIATE 6 only, which immediate toting the puse lost.	one couse per ling BY: CAUSE (o) DUE TO, OR (c) DUE TO, OR (c) ONDITIONS CON 196. CONDITI	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE AT THE PROPERTY OF THE PROPERTY O	NCE OF SC.	eretic Hear Jenes; so Not related to the tera	AINAL DISEASE OR CO	20b. IF IN CER	APPROX BETWEEN / 2 // 2 GIVEN IN PART 1(YES, WERE FINDIN XTIFYING CAUSES YES YES	WAS USED OF DEATH?

226. SIGNATURE

obove, (1) (we) (did) (did not) view the body after death

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

DEGREE

5530-Wisconsin Ave., Chevy Chase, MD

Charles W. Humphreys, Jr., MD 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OF TOWN
Washington, District of Columbia

22c. DATE SIGNED

Cremation

Aug. 16, 1985

Lee's Crematory

25a. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

J.Wm.Lee's Sons Co,300-4th St., NE, Wash., DC20002

DHMH-16 30M 2/80 (VRA 15, 4)

BP

August 1, 1985 11; Upp Eyrne Robert John White August 29,1909 Male Montpomery Co., I'D United States x Montgomery Ret. Owner-Apex Exterminating Co. Brinklow #10-Finebark Court 10841-Childs Street 20901 Maryland Montgomery Silver Spring rume. reller Knote Byrne 578-07-4343 Robert Britt Byrne(son) Same as #13

X

Charles W. Humphreys, Jr., MD 5530-Wisconsin Ave., Chevy Chase, MD 20815

Gremation Aug. 16,1985 Lee's Crematory washington, District of Columbia

J. Wm. Lee's Sons Co, 300-4th St., NE, Wash., DC20002

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-			-119.	

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

 	REG.	NO.				
2a DATE	KNOWN ESTI:	V	MONTH	DAY	YEAR	26 HOUR
DEATH	MATED		08	30	19 85	1201%

		-6	LOIJIKAK											KEG. NO				
	de		EASED NAA	AE F	RST		MIDDLE		ı	LAST			2a DATE OF	KNOWN ESTI-	MONTH	DAY	YEAR	26 HOUR
Maring	181				VIOLE	r	C		CATT	AHAN			DEATH	MATED	00	20 19	0.5	12014
SPEN	/	3 SEX		4 RACE	5. DA	TE OF BIRTH		6. AGE (IN YE	ARS IF UNI	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE		MUNTH	JAT	NA.	2d HOUR
1 0 ×	1				MON		YEAR	LAST BIRTHD		S DAYS	HOURS	MIN	PRONOUN DE AD	NCED	- 0			1201
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WWW B	12	10 CI	Y OR TOWN	OF DEATH	11 N	AME OF HO	SPITAL, NU	IRSING HOME	OR OTHE	ER INSTITU	TION		JAL OCCU	PATION (TYPE	OF WORK	126 KIND	OF BUS	INESS
A HONE	91	Ta	koma !	Park				Advent	ict U	conit	- 1				1		4DOSIK	•
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8 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	F 20 2 / / HE		4 FATHER'S NAME					LAST			ER'S MAID	ENNAME	N	NDDLE		LAS	i7	
A 25 2 2	67			UNKNO)WN							UNK	NOWN					
ON ON	n			ED EVER IN U	S. ARMED FO		16b. SO	CIAL SECURIT	Y NO.	17 INFOR	THAN			ADDRESS				
E SESSION SESS		NO	S, NO, OR UNKN	(IF Y)	5, GIVE WAR OR	DATES)	57	9-14-1	137	SHIRL	FV A	FIN	K DA	UGHTER	CAL	ME AS	12	
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ST.	;			OF DEATH (Er		ouse per lin	e for (o), (b						1.:	1 1	1 ~			AND DEATH
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AXA P	Z		lying co	use last.	- 1													
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ULD BE EV "PENDIN" FF MEDIC	(8	0		0	ne													
AL R	E Z	CERTIFICATION	19a. DATE O	F OPERATION	4	196. COND	ITION FOR	WHICH OPER	ATION WA	AS PERFOR	MED?					20 AU	TOPSY?	-
E AMEDIC	3	F		1/0												YES	5 🗆	NO
WO WO HE COM	200	W W	210 EXTERN		AS	216 TIME C				W INJURY	OCCURRE	D (ENTER	NATURE OF IN	JURY IN ITEM 18 P	ART I OR PAI	RT 2)		
NO HE OF THE OWNER OF THE OWNER OWNE			UNDERLYIN	G OR	E OF DEATH	HOUR A.	M. MONTH		3									
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S CER	25	ME	WHILE	NOT WHI	LE 🗀	STREET, FA	CTORY, FARM,		ST	TREET			CITY OR TO	WN	COL	YIMU		STATE
WAR	22		AT WORK	AT WORK														
ME. T	0.0		220. I cer	tify that I taak	charge of the	e remains de	escribed ob	ove, held an	Autaps	v .	Inspectio	. 2	Inquiry	One	d in my ap	einian		
NO. C	MARYLAND		death resu		Natural caus		Accident		icide .	Hamie	ode .	Undet	ermined mi	Tonar	, ,			
XAW EERTIFE DIRECTION	K.		deam reso	1	1401010100		Accident	>	icide,		PECIFY)	Onder	comme d m	2111761				
2 032	. \$		ACTUAL	66	21	- 0	50	417 000			PECIFT)				DATE	Mus	2n	1987
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5255	(8)	23a.Bl	JRIAL, CREM.	ATION, REMO	VAL 736 DA	TE	23c.	NAME OF CE	METERY OF	RCREMATO	ORY	23d 10	OR TOWN		COUR	VTY	51/	TE
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			NERAL DIRE	CTOR FRA	NCIS -	L COL	LINS		WW AND T.		250. DATE		REGISTRA				10 0 /	
DHMH - '		51	NAME 1 IILIT					R SPRI	NG M	n	S	LP 6	100	A Line	David	bon-a	anda	1
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(VR A15 ME (5)) 20M 4/82

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

73	3	-)	63	3
2	0	Sec.	-3	die

	1	REGISTRAR				CERTIF	ICATE O	DEATH		REG. NO).		
		CEASED NAME	FIR51		MIDDLE	l.	AST.		20 DATE C			DAY YEAR	26 HOUR
	(1772	-	AMES	VI	ERNON	CAM	BY S	Sr.	A	ugust		12 198	7:10 ^A
1	3 SEX			4 RACE		5. DATE C	F BIRTH			YEARS LAST BIRTI		IF UNDER TYEAR	IF UNDER 24 HRS
r		Male	1	WI	hite	Dec	22 22	1923	61		YRS.	MONINS DATS	HOURS MIN,
		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	NEVE	R MARRIED -		ORE CITY OF	COUNTY	OFDEATH	
1		rth Carol	ina	U.S.A	Α.	WIDOWE		DIVORCED	Mor	tgomer	v Coi	intv	MD
	10 CI	TY OR TOWN OF DE.	ATH		HOSPITAL, NURS		OR OTHER IN	ISTITUTION	12a USUAI	OCCUPATION FOR MOST OF	NO	126 KIND O	F BUSINESS OR
Į	Be	thesda			chan Hos				Carp	enter	W ONK BACK TIP	Self	employe
ŕ	13a S	I RESIDENCE (IF NUR. TAYE y land	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE COLOR TO	RE ADMISSION)	134 INSIDE	CITY LIMITS?	13e STREET	ADDRESS /	ZIP CODE	20	0895
6		THER'S NAME	1	, ,				R'S MAIDEN N		Tayet	LE IKC		7075
7		Jacob	-	anzy	Camby			Mary		WIDDIE		Conr	
7		AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO	17 INFOR	TMANT		ADDRES	SS		
	(4)	Yew	WW11		237-26-	-6713	Beat	rice A.	Camby	-wife-	(sam	ne as 13	3e)
	CERTIFICATION	Conditions, if any gave rise to imm cause 10, statu underlying cause PART 2 OTHER SIG	, which mediate ng the e last	DUE TO, O b) DUE TO, O DUE TO, O (c) CONDITIONS CO	r as a conseoi	Come DEATH BUT	VY NØT RELAT		Lun MINAL DISEA		20b IF YES	EN IN PART LIG	NGS USED
	CERTI	710. ACCIDENT WAS UN	DERLYING _				21c. HOW	INJURY OCCUI	RRED (ENTER	NO LATURE OF INJURY		S CART I OR PART 21	NO 🗌
		OR CONTRIBUTING		In	m. month (m.	DAY YEAR							
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE			211 LOCA STR			CITY OR TOW	N	COUNTY	STATE
		220 1 certify that (1) sow the deceas abave, (1) (we) (ed alive an	5	1 19	0	nd that in (m	y) (our) apinion	, ta death occurr	ed on the dat	12 te and hav	192	that (I) (we) lost causes stated
		22b. SIGNATURE	4.	Bar	4		DEGREE	ATTENDING S	MEDICAL DIRECTOI	STAFI	AN 🗌	Aug.	12, 198
		HADI	BAH	AR	MO.		82/	m / v	Consi	n Au	re-	Beth	4.
		URIAL, CREMATION, SPECIFY) Burial	REMOVAL	Aug. 15		NAME OF C	vn Cen	R CREMATORY etery	Rocal Rocal	kville	Mon	rgomery	ma.
	24 511	NEDAL DIDECTOR						25- DA	TE DEC'D DV	DECISTRADIO	IN DECICE	2114012 21010	1105

PORTANT.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR

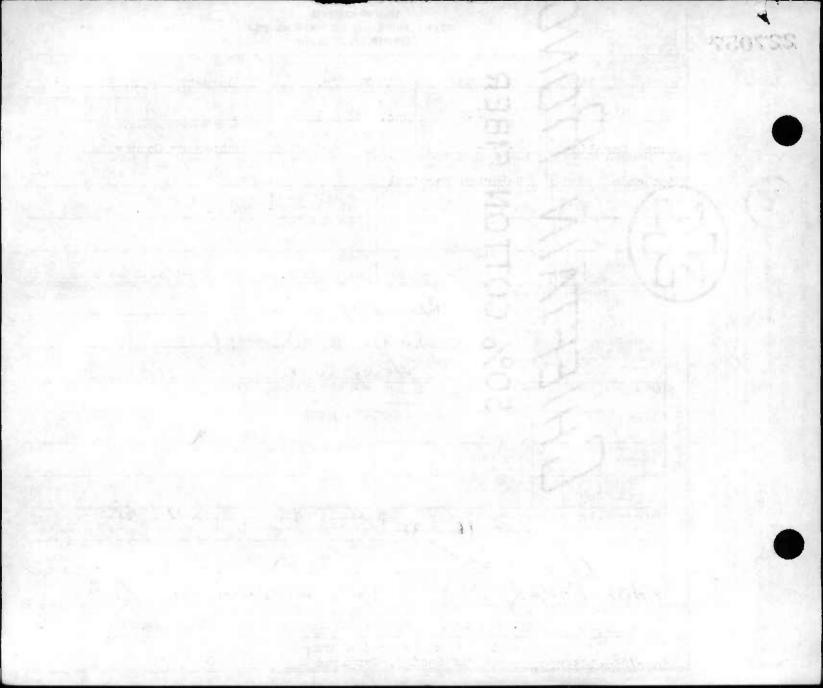
DHMH - 16 60M 7/84 (VRA 15, 4)

11800 New Hampshire Ave Silver Spring, Maryland

Hines/Rinaldi F. H.

AUG 1 3 1985

La Davidson Randall



DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

	1	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	IENT	Za J	4 4	
1	1 DEC	CEASED NAME FIRST	,	WIDDLE	AST	20. DATE OF D	REG. NO.	DAY YEAR	2b HOUR
		OR PRINT)	11		1 11	1	1 20	160	3/22 (2
		Vaniel	Н,	C 0	impbell	Hugus	T CUI	1705	1:22 M
	3 SEX	X	4. RACE	5. DATE C		6 AGE IN YEA	RS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
		MALE	CAUCAST			78	YRS	MONTHS DATS	HOURS MIN.
9	7a. B1	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	14		CITY OR COUNT	Y OF DEATH	
A		COUNTRY)		MARRIE		M	1		
4	10001	WASHINGTON D.C.	U.S.A.	WIDOWE		120 USUAL O			F BUSINESS OR
S	10	/ .		ACILITY, GIVE STREET ADDRESS)	A OTHER INSTITUTION	(TYPE OF WORK F	OR MOST OF WORKING	LIFE) INDUSTRY	F BUSINESS OR
0		ver Spring	Hoi	ly Cross Hospid	al	DIRECTO	R OF PURC	CHASING	G.P.O.
7/	USU/	AL RESIDENCE (IF NUISING HOME OF	OTHER INSTITU"	LLC CITY OR TOWN	134 INSIDE CITY LIMITS?	112 STREET AT	DRESS / ZIP COD)E	
2		/	FORGES	HYATTSVILLE	YES XX NO		O TOLEDO		20782
7		ATHER'S NAME	EURGES	HINALISVILLE	15. MOTHER'S MAIDEN NA		V TOLLOO	TENNACE	20102
,4	F	FIRST	WIDDLE	LAST	FIRST		WIDDIE	LAS	T
1		DANIEL		CAMPBELL	HATT1E			LUNDERS	
2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT SON		3777 SPRAT	OO PLACE	
9		NO		216-44-9555	PAUL D. CAMP	BELL	FAIRFAX.	VA	22032
- 1		18 CAUSE OF DEATH (Enter or	ly one couse per						MATE INTERVAL DISET AND DEATH
- 1		PART I. DEATH WAS CAUSE	D BY:	0 10.	FICIENCY			OL TWEETEN	NASET BIND DEBIN
-1	1	IMMEDIA	TE CAUSE (a)	KENAL INSUF	70,000				
9		Canditions, if any, which gove rise to immediate	(b)	trtemoschergik	CARDIE VASCU	CLAR	.Jewe		
		couse (0), stoting the							
		underlying cause last							
П		PART 2 OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION G	IVEN IN PART 1 o	
	Z	PARKINSON		ENGESTIVE HEAR	T FAILURE.	PNEUMO			
H	CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH OPERATIO	, , ,	200 AUTOP		ES, WERE FINDIN	IGS USED
4	FIC	77. 57.12 01 01 21.11.10	110 001101	The state of the s	THE PERIOD OF TH		IN CERT	IFYING CAUSES	OF DEATH?
4	RTI				1		- 6-3	'ES 🗌	NO 🗌
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITEM 18	PART I OR PART 2)	
7.	AL	(IF EITHER NOTIFY MEDICAL EXAMINER		M. 19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE		21f. LOCATION		CITY OR TOWN	COUNTY	STATE
	X	WHILE NOT WHILE	(AT HOME STR	PEET, FACTORY, OFFICE, FARM, ETC.)	STREET		CITA OK IOMN	COONT	STATE
		AT WORK	- () - 44 - 1 - 1 - 1 - 1	e deceased from alice	14 85	a	20	10 85	1 - 1 - 1 - 1
		220.1 certify that (I) (this hospi sow the deceased alive on	/ 4	20 55 /	, 19	. 10		. 17	that (I) (we) last
		abave, (1) (we) (did) (did no	t view the body	after death.	nd that in (my) (****) opinion	deoin occorred	on the date ond no		
		22b. SIGNATURE	- 1		DEGREE			22¢ DATE	SIGNED
		Formand a Or	toperal	ed his	ATTENDING PHYSICIAN (DIRECTOR [STAFF PHYSICIAN	8-2	6-85
π		TI . PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS				
		BERNARD A. I	FITZGER	ALD	217 UNIV. BLVD	Eng S	Lyon Spein	5 Md 2	1961
Н	22- 0					123d LOCAT		1,	7-1
	730 8	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		EMETERY OR CREMATORY	CITY OF	RTOWN	COUNTY	STATE
		BURTAL	8/23	185 GATE	OF HEAVEN	SILV			
	24 FL	UNERAL DIRECTOR FRANCE	SICO	LLINSODRESS	250 DAT	E REC'D. BY REC	GISTRAR 256. REGIS	TRAR'S SIGNAT	URE
				VER SPRING, MD.	20901 A	UGOR 1	005 7 1.	Marie !	in
1		SUU LINIV. DIVV.	, 111	VIA SALLING					Joseph BE

The same of the sa

FOR

- STATE

3 SEX

REGISTRAR DECEASED NAME (TYPE OR PRINT)

Male

7a. BIRTHPLACE (STATE OR FOREIGN

ID CITY OR TOWN OF DEATH

Bethesda

Angelo

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

WHILE NOT WHILE

230 BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

YES NO OR UNKNOWN)

In WAS DECEASED EVER IN U.S. ARMED FORCES

MD

4 FATHER'S NAME

White

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADMISSION)

MIDDLE

(IF YES GIVE WAR OR DATES)

IMMEDIATE CAUSE (a

22a I certify that (1) (this haspital) attended the deceased from

saw the deceased glive on above, (I) the deceased glive on view the body after death.

13b COUNTY

Mont.

18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:

76 CITIZEN OF WHAT COUNTRY?

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO

21b. TIME OF INJURY

71e PLACE OF INJURY

ENNON

Joseph Gawler's Sons, Inc.

8/14/85

5130 Wisconsin Ave, NW, Washington, D.C. 20016

HOUR A.M. MONTH

(AT HOME STREET, FACTORY OFFICE FARM ETC.)

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Suburban Hospital

13c. CITY OR TOWN

Bethesda

Carnaghi

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

IN SOCIAL SECURITY NO

U.S.A.

BALTIMORE, MARYLAND 212D1 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

	EALTH AND MENTAL HYC	REG. NO.	de de
	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
CA	CNAGHI	Aug	12.198- 10 4 1
5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
No	DAY YEAR	63 YR	MONTHS DAYS HOURS MIN.
MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	Montgomery	NTY OF DEATH
	OR OTHER INSTITUTION	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKIN Cheif-Transp.	17h KIND OF BUSINESS OR
EFORE ADMISSION)			
rown sda	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 5805 Cleves I	
	15 MOTHER'S MAIDEN NA		
maghi	Carubi	MIDDLE	Parigi
naghi SECURITY NO.	17 INFORMANT	ADDRESS	ratigi
=8090	Lucy W. Car		ress as #13.
al A	noxin		BETWEEN ONSET AND DEATH
EQUENCE OF	Tochyc	alia	House
EQUENCE OF	Hear Dis	case	years.
k m	NOT RELATED TO THE TERM		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
FICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
om	nd that in (my) (20) apinion	death occurred on the date and	hour and from the causes stated
2-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/12/85
1.0	22e ADDRESS 10431	old Genzitor	m Rd
V-2/	Diff	ELLA LONG	00.1
	Heaven Cem.	Silver Spri	ng, Maryland State
s, Inc.		TE REC'D. BY REGISTRAR 25b. REG	
- D 0	20016 ALIC	1 1 × 400C	Knielena Randella

Item 18 MPORTANT

CERTIFICATION

prior the burial-transit and Mental Hygi-FUNERAL DIRECTOR.
build be detached for use
the State Dept. of Hea (VRA 15, 4)

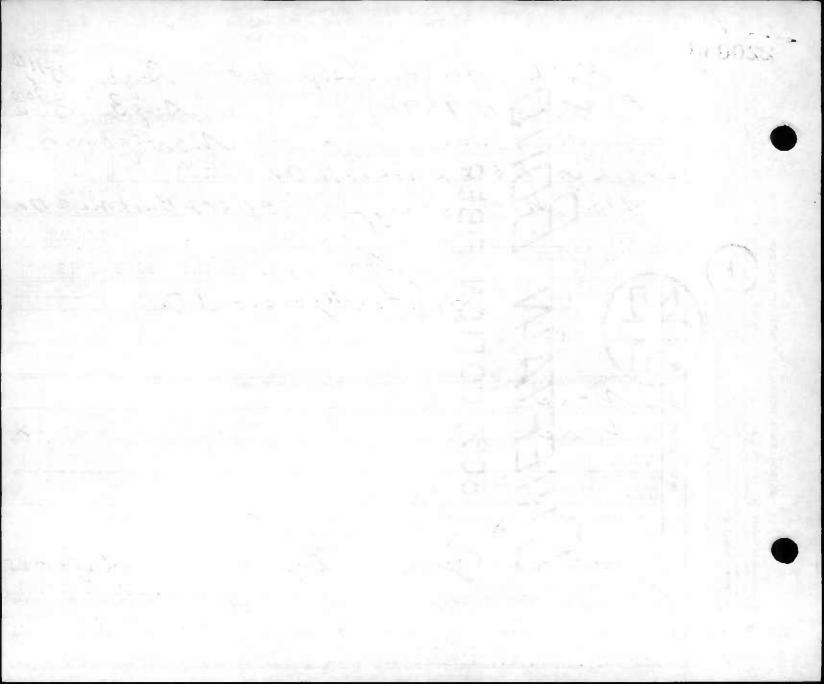
DHMH - 16 60M 7/84

TENTON PROPERTY

The Corest opposite the part of the cores of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE

			OR STATE	D	EPARTMENT OF	HEALTH A	ND MENTAL HY	GIENE 2 5	6.00	ن	
0	20013		REGISTRAR	MED	ICAL EXAMIN	ER'S CE	RTIFICATE OF	DEATH REG	G. NO.		
KI	20043		EASED NAME FIRST	ubla 1	1 Mildre	//	Carpenter	20 DATE KNOW! OF EST DEATH MATE	1000	DAY YEAR	7 18 HOYE
2	OUR FILES. OUR FILES. ON STREET.	3. SEX	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHO	ARS IF UNDE		MIN PRONOUNCED	7	DAY YEA	R 2d HOUR
70 4	VIERAL DIR	7a BI	THPLACE ISTATE OR	Th. CHIZEN OF WHI	7 3 9 /YE	R		9 BALTIMORE CI	TY OF COUNT	Y OF DEATH	Ipm
	NERAL FOR YOUTHIN	FO	ASSACHUSETTS	u.s.		MARRIED	NEVER MARRIED	'님	1	Sug B	11
			Y OR TOWN OF DEATH		ITAL, NURSING HOME			20 USUAL OCCUPATION	Tra Coffee	126 KIND OF I OR INDUS	
	3 TO THE FI AIN PAGE 5 ID BE FILED, RDS, 201 W	0	il. app	11662	- Kuch	me	VLDV.	CLERICAL		GA	0
21201	AND 3	13e. S		ar other institution, give	RESIDENCE BEFORE ADMISSIN	13	MINSIDE CITY LIMITS?	3e STREET ADDRESS	Buck	20907	10v
WD.	cim San		THER'S NAME	MIDDLE	LAST 0	1 15	MOTHER'S MAIDEN	NAME		LAST	
ORE,	STATE OF	-	LOVETT	L.	ENGLEY		SARAH	Ι.		HAŸWA	RV
LTIM	A DESCRIPTION OF THE PERSON OF	10s. V	S DECEASED EVER IN U.S. ARIS, NO, OR UNKNOWN] IN YES, GIVE	WED FORCES? WAR OR DATES	577-48-		GAIL E.	daughter ^{ADDR} McGUIRE		AS 13	
4	古 题		18 CAUSE OF DEATH (Enter an	ly one cause per line f		4141	GAIL L.	MEGUIKE	SAME	APPROXIMA	ATE INTERVAL
N ST.	Z & Z Z Z	1	PART I DEATH WAS CAUSE	D BY:	Acut.	e/1	Myous	Voist D	wi	BETWEEN ON	SET AND DEATH
ESTO	A PICTOR A P				S A CONSEQUENCE	OF	/				ATAIL
. P	ENCIL MINER TRAN		Canditions, if any, which gove rise to immediate cause (a) stating the under-	(b)	S A CONSEQUENCE	25					
201 V	30.2	3/	lying couse lost.	(6)	S A CONSEGUENCE	JF					
RDS,		-	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OF	CONDITION GIVEN IN PART	1 0		-	
600	F MEDIC F MEDIC F MEDIC F MEDIC F MEDIC F CREW	NOT	None						12		11 1300
LALR	スクロジェ	CERTIFICATION	190. DATE OF OPERATION	196. CONDITI	ON FOR WHICH OPER	ation was	PERFORMED?			20 AUTOPS	A.,
FVII		ERTI	210 EXTERNAL CAUSE WAS	216. TIME OF I			/ INJURY OCCURRED	LENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PAR	YES L	NO
ONO	リエニコミン		UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P.M.	MONTH DAY YEAR						
DIVISIO	VRITING 1 VRITING 1 VRDED TO GE 3 SHO GE 3 SHO TE DEPAR 201 PRIOI	MEDICAL	ZIE INJURY OCCURRED WHILE NOT WHILE TO AT WORK	21e PLACE OF	FINJURY 1 AT HOME, RY, FARM, ETC.1	21f LOCA STRE		CITY OR TOWN	cou	NTY	STATE
	TE, V ORW/ R: PA E STA D, 21		22a I certify that I took charg	e of the remains descr	abed above held on	Autopsy	Inspection -	Inquiry .	and in my opi	inion.	
	A O H S			20		icide .	Homicide .	Undetermined manner].		
H	CERTIFICATION BE FOR WITH THE MARYLAND		ACTUAL (0/10	2		TITLE (SPECIFY)		DATE	4	
	SEATH SEE		SIGNATUR	10	Jera	M.D.	Nap.	MEDICAL EXAMINER	SIGNE	1 mg 4	1915
	EXECUTE THE CERTIFICE PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH TI BALTIMORE, MARYLAN	2	TIPE OF PRINT) JOHN	S. ROGER	RS	AD	DRESS 1919 S	EMINARY RU	., SILI	IER SP	RING I
8	SAS SEA	23a.Bl	RIAL, CREMATION, REMOVAL 2	3h DATE	23c NAME OF CEA	AETERY OR C	REMATORY	23d LOCATION CITY OR TOWN	CONH	TY	STATELO
'84 M	BP	24 FI	BURIAL NERAL DIRECTOR	8/7/85	NORBECK	MEM.		NORBECK C'D. BY REGISTRAR 256 F	MON		MD.
- (DHMH - 17 VR A15 ME (5))		NAME FRANCES	CIS JADDREGO	LLINS	NG MT	AIII-		Ra Bainda	on land.	00.
			SUU UNIV. DIV	V., W., D.L.	ALV DIVI	IAC MID	•		1.00		Torsea.



(VRA 15, 4)

UNIV. BLVD.

STATE OF MARYLAND FOR

.W. SILVER SPRING, MD. 20901

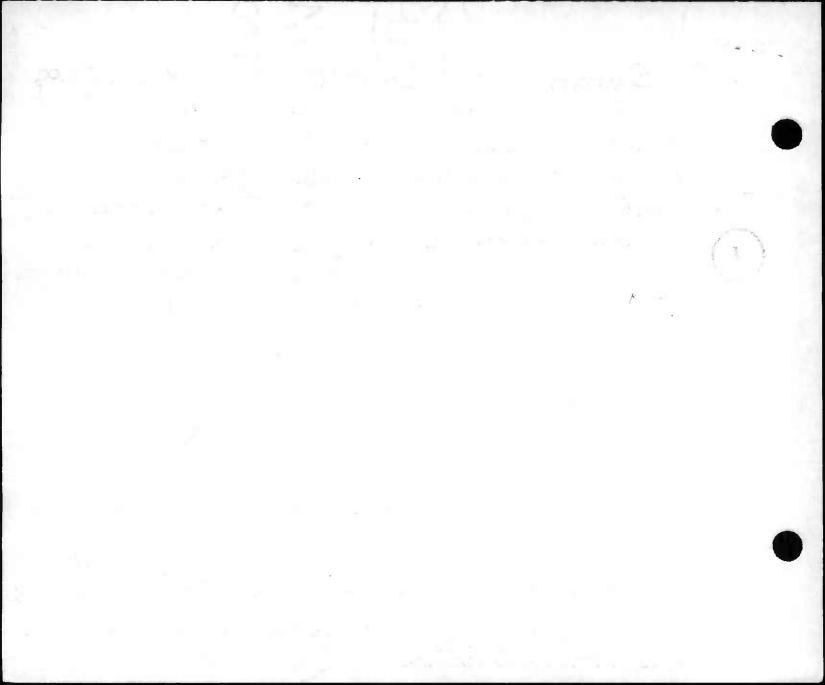
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

059	1 -	REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.		
5	1. DE	CEASED NAME FIRST	WIDDLE	7	ist //	20. DATE OF DEATH	ONTH DAY YEAR	26 HOUR
9		warah	f. \	al	1011	1.405	5-0-00	IF UNDER 24 PRS
	3. SE		4 RACE	5. DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	HOURS MIN.
111		EMALE	WHITE	1	20 1894	7/	YRS	
auce		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
10		RGINIA	U.S.A.	WIDOWE	OLI .	MONTGOM		MD.
notitied	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
/_		OMA PARK	WASHINGTON ADVI		HOSPITAL	HOUSEWIFE		
2/	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2	ZIP CODE	2091
	MA	RYLAND MONTG		PRING	YES XX NO 🗆		ER SPRING A	VENUE
9	14.FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME	14	NST.
100			ELLINGTON BRANCH	Н	ALMA	H.	EMOR	y
		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRESS		
9/	NO"	(ES, NO. OR UNKNOWN)	213-74	-3180	MELBA SCHNA	ABELE SAME	AS 13	DAUGHTER
	Ë	18 CALISE OF DEATH (Enter D	nly one cause per line for pai, (b), and					XIMATE INTERVAL
		PART I. DEATH WAS CAUS!	ED BY:	is ne	miator	arrea	1	ONSET AND DEATH
٥		IMMEDIA	TE CAUSE (a)		1			
froumat			DUE TO, OR AS A CONSEQUE	ENCE OF	-			
		Conditions, if any, which gave rise to immediate	(b)					
		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF				
			(c)					
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT	1-50-	1. 0 (/00.	TION GIVEN IN PART 11	ia .
_	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	000	20 AUTOPSY?	206. IF YES, WERE FIND!	INGS LISED
S	S.	THE DATE OF OPERATION	178 CO-DITION TOR WINCH	OI ERATIO	· WASTERT ORMED	1.	IN CERTIFYING CAUSES	S OF DEATH?
7	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21¢ HOW INJURY OCCUR	YES NO X	YES	NO 🗌
8		OR CONTRIBUTING CAUSE OF DE		AY YEAR	THE HOW INJOH! OCCOR	LENIER NATURE OF INJUNT	IN IEM 18 PART TORPART 2	
E	N V	(IF EITHER, NOTIFY MEDICAL EXAMINE		19				
5	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
	_	AT WORK NOT WHILE AT WORK						
		22a I certify that (I) (thus hosp	mattended the deceased from	1/	14 1985	10	19 83	, that (1) (we) last
		saw the deceased alive or above. (1) (wa) (did) (did) and	at) view the body after death.	, on	d that in (my) (our) opinion (death accurred on the date	e and have and from the	causes stated
E		22b. SIGNATURE	41	[DEGREE		0/	ESIGNED
		Stiller	us H-lly.	n	ATTENDING PHYSICIAN	MEDICAL STAFF	AND 8/3	5785
T	1	22d. PHYSICIAN'S NAME (TYPE	ORPHIBILL 7	7.00	17e ADDRESS	00 . 0	0-11	100
MACKING TO THE TOTAL TOT		ANTONIO	G. UY M	10	831 Mines 1	Blood E #	21 13. n	A 2090-
_	23a 5	SURIAL, CREMATION, REMOVAL	TIR DATE 73c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	7	-
		SPECIFY)				CITY OR TOWN	COUNTY OF A	STATE
	24. FI	BURTAL INERAL DIRECTOR FOLLI		T. LII	VCOLN CEMETER	Y BRENTWOOD E REC'D. BY REGISTRAR 25	PRT GEO	
'83		NAME FRAN	ICIS J. COLLINS		AI	10.0		50

AUG 8

1985 manundson Randelle



STATE OF MARYLAND

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F	10	(A	T	E	(0	F		D	E	A	T	-	H											R	E	

REGISTRAR			CEKTIP	ICATE OF DEATH	F	REG. NO.					
L DECEASED NAME	FIRST	MIDDLE	i.	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR			
(TYPE OR PRINT)	HAROLD	COPELÁN	CAW	THON	AUGUST			3:25 A			
7. SEX	4 RACE		5. DATE C		6 AGE (IN YEARS	GUST 31, 1985 (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS. WONTHS BATS HOURS MIN. YRS. WILL OCCUPATION ENDER LOR COUNTY OF DEATH MONTGOMERY MD. SUAL OCCUPATION ENDER LOR COSTON MORNANG LIFE) INDUSTRY HECHT CO. REET ADDRESS / ZIP CODE MIDDLE COPELAN ADDRESS WIFE SAME AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH COPELAN ADDRESS WIFE SAME AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH COPELAN AUTOPSY? 10b. IF YES, WERE FIND INGS USED IN CERTIFYING CAUSES OF DEATH?					
MALE	CAUCA		FFR	9 1910	75						
TO BIRTHPLACE (STATE OR		OF WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED		_	Y OF DEATH				
GEORGIA	us		WIDOWE	DIVORCED							
10 CITY OR TOWN OF DEA				OR OTHER INSTITUTION							
SILVER SPRIN		VILLAGE LA			CREVIT	MANAGER	HECH	1 CO.			
USUAL RESIDENCE (IF NURS 130. STATE MARYLAND	13b COUNTY MONTGOMERY	ON GIVE RESIDENCE BEFORE SILVER SILVER	PRING	134 INSIDE CITY LIMITS?				20906			
14 FATHER'S NAME				15 MOTHER'S MAIDEN NA	ME						
WILLIAM	HILL	CAWTHO	N	GERTRUDE	M						
160 WAS DECEASED EVER	IN U.S. ARMED FORCES		RITY NO.	17 INFORMANT							
YES	WW II	252-09-6	510	MARY R. CAWTH	ION WIF	E SAM	E AS 13				
18 CAUSE OF DEAT	H (Enter only one couse	per line for (o), (b , and	alicul				APPRO: BETWEEN	XIMATE INTERVAL			
PART I DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (0)	Ed	Spil	2470R Y F	AlleRE		1	mossa			
	DUE TO	OR AS A CONSEQUE	ENCE OF	-							
Conditions if nov	Conditions, if ony, which (10) CARRINGM A LUNG										
gove rise to imi											
couse to statu											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
	VIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	In 20		-	IVEN IN PART I	Id			
130 DATE OF OPERA	TION 196 CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPS		ES, WERE FIND	INGS USED			
PFC.					VEC C						
210 ACCIDENT WAS UN	DERLYING T 71h TIM	E OF INJURY		Tale How INJURY OCCUR				140			
OR CONTRIBUTION	CAUSE OF DEATH HOUR	A.M. MONTH D.			((((((((((((((((((((0, 100					
CIF EITHER NOTIFY MEDI		P.M. CE OF INJURY	19	211 LOCATION							
WHILE NOT WE AT WORK	LAT HOME	STREET FACTORY OFFICE F	ARM ETC)	STREET	CI	TY OF TOWN	COUNTY	STATE			
			4	ULP 19 8 5	-	11/- 31	92				
sow the deceas	(this hospital) attended	20 10		77	. 10						
obove, (1) (we) (-	did (dig not) view the bo	dy ofter death			deom occorred or	Time dote ond in					
226. SIGNATURE	1001	10000		DEGREE ATTENDING Y	/ MEDICAL	STAFF					
	yes H	y	7		DIRECTOR	PHYSICIAN [AUG	.31,1985			
226. PHYSICIAN'S N		0		22e ADDRESS							
DANIEL J.	BOYLE, M.T).		10313 GEORGI	IA AVE.	SILVER	SPRING,	MD.			
230 BURIAL, CREMATION,	REMOVAL 23b. DATE	23c I	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATIC		COUNTY	STATE			
BURIAL	SEP.		TE OF	HEAVEN	SILVER	SPRING	MONTGOI	MERY MD.			
24 FUNERAL DIRECTOR	RANCIS J. (COLLINS		250 SF	BECD. BY REG	STRAR 250 REGI	SIBAR'S SIGNA	TURE DO			

500 UNIVERSITY BLVD., W. SILVER SPRING, MD.

TO FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

DHMH - 16 60M 7/84

_		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the about certain personated within 24 hours officeroned by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attendant of the conditional filled in by the should be filled visually and 2 months filled vi	with the State Dept. of Health and Mental Hygiene prior to burial, cremation in removal. IMPORTANT If them 21 is marked or them 18 shows any injury, or other traumatic entries may be made to the hadden	-
DIVISION OF VILAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MAKTLAND 21201		O S	五十	A.	
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		TO HOSPITAL OR ATTENDING PHYSICIAN: The letoined by the hospital or attending physician.	Doc	with the State Dept. of Health and Mental Hygiene prior to buriol, cremarian arramental MIDSTART If them 21 is marked or them 18 shows any injury, or other Indumental entering the many.	
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BP. DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIGNE

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	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENTAL NYG	IENE Z	5 2	4 0		
1	1. DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	-
	(TIPE OK PRINT)	ALTCE	MUE	TET. C	EDER	OUTST	Augus	t :	11 185	N	٨
-	3. SEX		4. RACE			OF BIRTH	6. AGE IN YEARS LAST BE	RTHDAY	MONTHS DAYS	HOURS MIN.	_
	Female		Wh	ite	Feb.	11 1933	5:	2 YRS		10000	
	70 BIRTHPLACE (STAT	E OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH		Ī
4	Md.		U.S		WIDOW	ED DIVORCED			ntgomery		_
	Gaithersb		(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Downing S	ADDRESS)	PROTHER INSTITUTION #302	(TYPE OF WORK FOR MOST Nurses Ai	OF WORKING	IFE) INDUSTRY	Kelly Care	
1	USUAL RESIDENCE (IF	13b. COUN	OTHER INSTITUTION		ADMISSION)	136. INSIDE CITY LIMITS? YES NO	13° STREET ADDRESS	#302			
3	14 FATHER'S NAME FIRST Roger		Lee	Baldwin		15. MOTHER'S MAIDEN NAME FIRST	Alyce		O¹ Ne		
1	160 WAS DECEASED E		MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT		ESS 1702	24 Downi	ng St.	
1	No	(16 163, 6146	-	579-50-3	063	Lisa B. Cede	rquist Ga	aither	sburg,M	d.20877	
ı	18. CAUSE OF D	EATH (Enter onl	y one couse pe	r line for (o), (b), on	d (c).)					MATE INTERVAL	Ξ
1	PART I. DEAT	H WAS CAUSED	DBY: ECAUSE(o)	METACTO	ne	CARLINDMA O	F NECK				
1				R AS A CONSEQUE				U-tree			
1	Conditions, if		(b)_	CARCIN		of Nrck					
	gove rise to couse (o), s		DUF TO C	R AS A CONSEQUE	NCE OF						Ī
	underlying c	ouse lost.	(c)_								
		SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GI	IVEN IN PART 1(
0	190 DATE OF OP	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	4GS USED	-
1	NAT .						YES T NOT		IFYING CAUSES	NO []	
7	21a. ACCIDENT WA		216. TIME (. V VE 4 B	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM TO.	PART I OR PART 2)		7
7		MEDICAL EXAMINER	In I	.M. MONTH D	AY YEAR	No. of the last					
	(IF EITHER, NOTIFY 21d INJURY OCC		21e. PŁACE	OF INJURY		211 LOCATION	CITY OR TO	Overbi	COUNTY	STATE	-
		T WHILE T	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR I	JWN	COUNT	STATE	
	22a. L certify the	ot (1) (this hospit	al) attended t	he deceosed from_	Ja	19 90	, to Julie	W	, 19,	that (I) (we) lost	,
	sow the de	ceosed olive on re) (did) (did not	JU14	otter death	RT.	nd that in (my) (our) opinion o	deoth occurred on the	date and ho	our and from the	couses stated	
	22b. SHOHATURE	1	THE THE DOG	over deam.		DEGREE	,		22c. DATE	SIGNED	_
,	1821	Table	MA-			ATTENDING PHYSICIAN	DIRECTOR PHYSI		1100		
	22d. PHYSICIAN	S N (ME (HIPE OF	PRINT)			22e. ADDRESS 88 30	Cameron S	t.			
	I. Sid	iney Jaf	fee, M	.D.			ver Spring		20910		
	230. BURIAL, CREMATI	ON, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d, LOCATION		COUNTY	STATE	=
	(SPECIFY) Crema	ation	8/12/	185 Le	e's C	rematory	Washing	ton.	D. C.	STATE	
	24. FUNERAL DIRECTE	Sanlis	n	316 E. D			E REC'D. BY REGISTRA		TRAR'S SIGNAT	URE	_
	Gartner Sa			Gaithers	burg.	Md.20877 AUS	10 110 9	Wie Ber	Magan Man		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 2 4 9

GISTRAR	MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH

1/3	I I. DE	CEASED NAME FIRST	1	MIDDLE	LAST		20. DATE KNOWN	MONTH DAY	YEAR 75 HOUR
MANSTAN		PE OR PRINTI	hard	S.	CRS	. 676	OF ESTI-	8 11	871230
PAR PLANT PL	3. SE1	nale white	S. DATE OF BIRTH	YEAR LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	PRONOUNCED DEAD	S 11	YEAR 24 HOUR
A A A A A A A A A A A A A A A A A A A		IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHA	T COUNTRY?	MARRIED NE	EVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEA	тн
DANS R	1	RHODE ISLAND	U.S.A.		WIDOWED -	DIVORCED	WON.		
NERS W	10. C	TY OR TOWN OF DEATH		TAL, NURSING HOME, ITY, GIVE STREET ADDRESS)	OR OTHER INSTITU		UALOCCUPATION (TYPE (MOST OF WORKING LIFE)	OR IN	OF BUSINESS DUSTRY
A SEE SEE	LISTI	AL RESIDENCE (IF IN NURSING HOME OF		RESIDENCE BEFORE ADMISSIO	11022	S	CIENTIST	DEPT	OF DEFEN:
F SEE S		TATE 136. COUNT	Y	Tac. CITY OR TOWN	T3d. INSIDE		REET ADDRESS		
A A SHA	14. F.	MARYLAND IMONTGI ATHER'S NAME	OMERY	BETHESDA	YES X X	IER'S MAIDEN NAM	6264 CLEAR	KWOOD KU	20817
世代を記り	1	PASOUALE	MIDDLE	LAST		ULIA	MIDDLE	DEMANN	T
- 45 × 65		WAS DECEASED EVER IN U.S. ARM	ED FORCES?	ARO 166 SOCIAL SECURITY		MANT	ADDRESS	LIVIAIVIV	
A See A	1	VFS (UIF YES, GIVE V	W TT	039 09 73	53 JA	NICE M. C	ESARO SAME	AS 13	WIFE
WIT WIT		TB. CAUSE OF DEATH (Enter anl	ane cause per line fo			3		APPRO	DXIMATE INTERVAL N ONSET AND DEATH
THO DNG DNG DNG ERM		PART I DEATH WAS CAUSED IMMEDIAT		archio l	sect.	raton	2 conne	257	
IN I		Canditions, if any, which	DUE TO, OR AS	S A CONSEQUENCE O		01	Intari	time	
MITH RAN RAN R RE		gave rise to immediate cause (a) stating the under-	(b)	CUTE	myoc	archial	114 600	211010	
A A PEL		lying cause last.		S A CONSEQUENCE O	~ ~~	tavia .	selevos	12	
AND ATIO		PART 2 DTHER SIGNIFICANT CONDITIONS C	((c)		IAL DISEASE DR CONDITIO		1 - 2 - 3 -		
SA LETH	Z								
A HEA A	CERTIFICATION	190. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPERA	TION WAS PERFOR	RMED?		20. AUT	OPSY?
ESE SES T	Ē							YES	O NO
OULD BURTMEN		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR	21c HOW INJURY	Y OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)	
DEP 3SP	MEDICAL	WHILE NOT WHILE	21e PLACE OF STREET, FACTOR		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
VARI PAGE TATE	-	WHILE NOT WHILE AT WORK							
DR: P		220 I certify that I taak charge	af the remains descri	bed abave, held an	Autapsy .	Inspection .	Inquiry , and	іл ту аріпіал	
A PER		death resulted fram: Nature	al causes A	Accident . Suid	ide , Hami	icide . Unde	termined manner .		
WAR WAR		ACTUAL 2-6	0	0.	TITLE (S	SPECIFY)		DATE S	11-25
ETHE SHOULERAL	9/	SIGNATURE	- Ca		M.D	MED	CALEXAMINER S	SIGNED N	- 23.
F. S. A.		EXAMINER'S NAME (TYPE OR PRINT)	hm T	auber	ADDRESS	82181	WISCO N	MIZ	eve
PAG TO PAG BALTE BALTE	23a.B	URIAL, CREMATION, REMOVAL 23	b DATE	23c. NAME OF CEM	ETERY OR CREMAT		OCATION FORTOWN	COUNTY	STATE
P		BURTAL	8/14/85	GATE OF	HEAVEN	SI	LVER SPRING	MONT	MD.
DHMH - 17	24 F	NAME FRANCI				250. DATE REC'D. B	9	TRAR'S SIGNATURI	£
/R A15 ME (5))		500 UNIV BLVD.	W. SILVER	SPRING, MD.	20901	40019	1900	migral-North	TABL.

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TENDING PHYSICIAN The law requires that the death

retained by the haspital ar attending physician.

TO HOSPITAL

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y	FOR STATE REGISTRAR			DEI		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG. N	3	6 0			
	CEASED NAME	FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUF	3	
Linn	OR PRINT)	DAPHN	IE	H.	CIA	NCHINI		8/14	4/85	9:38	3 am	
3 SE	X		4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 2		
	Female		White		Jan		87	YRS	MONTHS DATS	HOURS	MIN,	
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COU	MARRIE	D MEVER MARRIED	9 BALTIMORE CITY	DR COUNT	Y OF DEATH			
	anada		USA		WIDOW	ED DIVORCED	Monto				MD.	
10 C	ITY OR TOWN OF DE		11. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		126 KIND C	F BUSINE	55 OR	
	OLNEY		MONTGO	MERY	GENERAL	L HOSPITAL	Housewif				100	
13a	AL RESIDENCE (IF NURS STATE Md.	13b COUN	ITY	13t. CITY O	RTOWN	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS			290	21	
14. F.	ATHER'S NAME					15 MOTHER'S MAIDEN N	AME					
	Erasmus		B.	Hos	tettes	Mildred	WIDDLE		Ma M	era		
	WAS DECEASED EVER	IN U.S. AR.			L SECURITY NO.	17 INFORMANT	ADDR	ESS	Piga	ета		
- 1	N/A	(1F YES GIV	E WAR OR DATES)	581	64 0171	B Luis Cia	nchini (Hus	band		as l	.3E	
CERTIFICATION	Canditions, if any gave rise to imm cause ial, statir underlying cause	, which mediate ng the lost	DBY E CAUSE (a) DUE TO, C (b) DUE TO, C (c) CONDITIONS C	OR AS A CON OR AS A CON ONTRIBUTION	ISEQUENCE OF USEQUENCE OF	. 1111	MINAL DISEASE OR CON	20b. IF YI	8/14 8/2 WEN IN PART TO	BETWEEN ONST AND DEATH 8/14/81 8/2/85 EN IN PART Tra WERE FINDINGS USED YING CAUSES OF DEATH?		
CER	21a. ACCIDENT WAS UN	DERLYING [] 21b. TIME (21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)			
AL	OR CONTRIBUTING			M. MONT	H DAY YEAR							
MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION			c do note.			
M	WHILE NO WI	HRE	(AT HOME S	REET FACTORY	OFFICE, FARM, ETC)	STREET	CITY OR T	JWN	COUNTY	51	ATE	
	220.1 certify that (1)		-15 -14		N2	10 85	8/14	1	10 1	that (1) (w	es) lock	
	saw the deceas		111	be deceased		and that in (my) (aur) apinia	n death accurred on the	late and he	our and Iram the	- 1		
	Phaye, (I) (we) (L Le	liview the bad	alter febth.	D	DEGREE ATTENDING PHYSICIAN		AFF	22c DATE			
	HRTHUL	0	//.	ows		18111 Pai	Ne Philys	Dr.	6CNE	308.	3)	
	BURIAL, CREMATION, (SPEC Builal		8/19/		US Na	cemetery or crematory	Puerto	4	e vinuos	ST	ATE	
24 F	UNERAL DIRECTOR Himes/Rin	naldi	11800) New	·Hamp.A	ve.s.s.766	ATE REC 1985 GISTRIN	Alle Weller	THE SHAPE	URE	7	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremotian, or removal.

medical

injury, or other troumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

apletely filled in by the funeral director, page 3 and 2 shayld be filed within 72 hours after death

may be

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	N BEEBE	Cissel	20. DATE OF DEATH MONTH DA	S S 4 A M
Female	Caucasian	S. DATE OF BIRTH	87 YRS. MG	UNDER LYEAR IF UNDER 24 HRS. INTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	OF DEATH MD.
Bethesda	Carriage Hill	IDDANUTSING Home	GILL OCCUPATION GILL DOK PRIOSTOF WORKING HEED	126. KIND OF BUSINESS OR INDUSTRY Retail Sales
		I 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 5215 Cedar Lan	20814
14. FATHĒR'S NAME FIRST UNKNOWN	MIDDLE LAST	UN KN	O WN MIDDLE	LAST
16g WAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES!	_7908Carriage H	ill Nsng. Home,	
PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEOU	rol Vascula ENCE OF Dizel a	decident deripolerin	approximate interval Between onset and death 2 4 hrs. Ylors
PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	te Mellitis	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED NG CAUSES OF DEATH? NO
OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTEY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE 21 AT WORK 22a 1 certify that (1) (this hosp agw the deceased alive ar above, (1) (we) (did) (did in THE DELIVATIVE	HOUR A.M. MONTH D P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	AY YEAR 19 211 LOCATION STREET	CITY OR FOWN CITY OR FOWN 10 death occurred on the date and hour of the difference of the date of the difference of t	COUNTY STATE
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	0 11 05	NAME OF CEMETERY OR CREMATORY ergetown Med Sc	23d LOCATION CHYORTOWN Wasshington	COUNTY STATE
POLOMBIA MORIVA	MY SERVICES V		TEREOD. AN REGISTRAR 256 REGISTR	AR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

etained by the haspital ar attending physician.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

injury, ar other troum

List Marie Markey of the second of ten, ... LUCHOR DENGERRY STREET STREET CORNELL

URS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE B. GIVE PAGES 1, 2, AND 3 TO THE FUNKRAL DIRECTOR. WITH FORM PM. 3. FEATIN PAGE 5. FOR YOUR FILES. 1. PAGES 1 AND 2. SHOULD BE FILED. WITHIN 72. HOURS DIVISION OF WITAIL RECORDS, 201 W. PRESTON STREET, DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PALTIMORE, MD. 21201 24-HOURS AFTER DEATH.

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STATE OF MARYLAND

	1-	STATE REGISTRAR			ICAL EXAMIN			_		REG. NO	- 43	diag	
	1. DE	CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST		OF.	E KNOWN X	MONTH	DAY YEAR	26 HOUR
			Thadd	leus S	EBASTIAN		Clark		DEAT	H MATED	8	5 19 85	N
	3 SEX		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA			FUNDER 24			MONTH	DAY YEAR	24 HOUR
	MAL	.E	BLACK	FEB 25,1			15 DAYS	HOURS	PRONO DE		8	5 19 85	6:55
n	7a. BI	RTHPLACE (SI		76 CITIZEN OF WH	AT COUNTRY?		50 0 151	50.44.400,50	9 BALT	IMORE CITY OF	COUNTY		1
1		TEXAS		U.S.A.		WIDOW		ER MARRIED		tgomerv	"aunt	-7.7	
11		TY OR TOWN	OF DEATH		PITAL NURSING HOME				1	CUPATION (TYPE		L KIND OF BU	SINESS
K.)	1			(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)				FOR MOST OF Y	ORKING LIFE)		OR INDUSTI	RY
		ethesda			rban Hospit				PERSO	NNEL		F.V.	۸.
9	13a S	TATE	13b COUN		TAKOMA PAR		13d INSIDE CIT	NO [3e STREET ADD	3 CEDAR	AVEN	UE 209	12
2	14. FA	THER'S NAME	NDELL	MIDDLE	LARK		FAE	R'S MAIDEN	NAME	WIDDLE	S	HE LTON	
			EVER IN U.S. AR		166 SOCIAL SECURITY	NO.	17 INFORM	ANT		ADDŖESS			
	(1)	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	579-98-489	3	LENA	S. C.	LARK	SAME A	AS 13	MO	THER
			F DE ATH /Enter on	ly ane cause per line								APPROXIMATE	INTERVAL
	97	PARTIDE	ATH WAY AC CALLEST	3 BV	naphylactic	road	ation	+0 TVT	inion	tion.		BETWEEN ONSE	AND DEATH
1		14 11	IMMEDIA		AS A CONSEQUENCE		CIOII	CO TVE	Tillec	L1011			
1		Canditiar	ns, if any, which	DOE TO, OK	AS A CONSEQUENCE (Jr							
		gave ris	se ta immediate										
	8	lying cau	stating the <u>under</u> - se last.	DUE TO, OR	AS A CONSEQUENCE O)F							
				(c)									
	Z	PART 2 OTHER SI	GHIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART	1 a				
7	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORA	AED?				20 AUTOPSY	,
	FIC												
-	RT	710 EXTERNA	L CAUSE WAS	21b. TIME OF	INTURY	121r HC	W INTURY	OCCUPPED	LENTER MATURE OF	INJURY IN ITEM 18 PA	APT I OP PART	YES K	NO 🗌
2	C	UNDERLYING	€ OR	HOUR A.M.	MONTH DAY YEAR	ere-					RI I OR PARI	41	
2	S	CONTRIBUTION CONTR	NG CAUSE OF I		8 5 19 8 FINJURY (AT HOME.		CATION	utic n	nisadve	nture			
7	NE NE	WHILE -	NOT WHILE TO	STREET, FACTO	DRY, FARM, ETC.)		TREET		CITY OR	TOWN	COUN	TY	STATE
		AT WORK	NOT WHILE X	hos	spital	Suk	our ban	Hospi	tal, Re	ethesda,	Mont	MD.	SOUR
1		22a Lcertii	by that I took chara	e of the remains desc	ribed above, held an	Autops	y X.	Inspection	, Inqui	ry and	In my apın	ian	
1		death results			4.	cide	Hamici		Undetermined		,		
3		gedili result	A	orcooses L.,	Accident 223, 500	cide L	TITLE (SP		Ondetermined	monner,			
1		ACTUAL	MM	WW	2		1-				DATE	0/6/01	-
		SIGNATURE,	1	-		M.	D. ASSI	Stant	_MEDICAL EX	AMINER	SIGNED.	8/6/8)
1		EXAMINER'S (TYPE OR PRI	NAME	Ann M. I	Dixon, M.D.		11	l Penr	st. I	Balto.MD).		
-	23n RI		TION.REMOVAL 2		23c NAME OF CEA				23d. LOCATION				
		URTAL		8/11/85	PARADISE				WEST	EMPHIS	COUNTY	AKKAÑ	SAS
			TOPPANCIO	J. COLLI		07110		So. DATE RE		RAR 125b. REGIS	TRAR'S SK	NATURE	
					SPRING, MV.	2090		AUG	8 109	5 June	part dsor	Mandan	-
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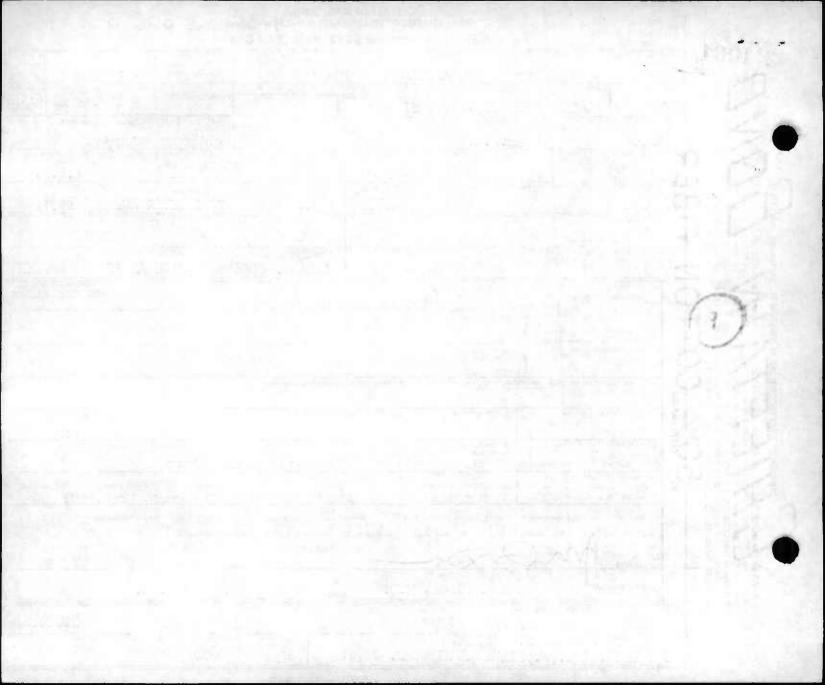
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(VR A15 ME (5))

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN EXECUTE THE CERTIFICATE, WRITING THE WORD PRUBLING. IN PROFILE A SHOULD BE FORWARDED TO THE OHER MEDICAL EXAMINER TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS BURIANT AFTER DEATH; WITH THE STATE DEPARTMENT OF HEALTH AND HEALTH ABOUT HEALTH AND HEALTH AND

DHMH - 17

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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the depart certificate be executed within 24 hours of etoniced by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the otherdillo physician had completely filling in the should be detached for use as the burial-transit permit. Then please remove comparable Profes I and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or emparable.
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MPORTANT: If them 21 is morked or Item 18 shows ony

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

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1.	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	D.		
	CEASED NAME FIRST	S.	LAR	akE	20 DATE OF DEATH	8-9	D-85	26. HOUR 1.39P.A
3. SE	× /=emale	White	Jan.	DF BIRTH 1 1, 12897 YEAR	6. AGE (IN YEARS LAST BIR)		IF UNDER 1 YEAR	HOURS MIN.
7e. B	IRTHPLACE ISTATE OR FOREIGN 7	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY O Montgomery			M
Ta	koma Park	NAME OF HOSPITAL, NURSING	ntist		Homemaker			of Business or Iome
	AL RESIDENCE IN NURSING HOME OR C STATEMENT TYPE TO THE STATE OF THE STATEMENT OF T	omery Silver of		13d INSIDE CITY LIMITS?	8505 Sprin	zwa Pe	Road	0901
	ather's name illiam M	Stewarts		15. MOTHER'S MAIDEN NAM		cLeis	n 1A5	ST
	WAS DECEASED EVER IN U.S. ARN (YES, NO OR UNKNOWN) (IF YES, GIVE	NED FORCES? 166 SOCIAL SECUR		'Roy ^{orsani} Clark New Carrollto	e, Son, 833 n, Maryland	5 Ver	ona Dri 84	.ve
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		*	PITORY AI	eres T		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE		ILURE				
	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE (c) SEPSI						
ION		ONDITIONS <u>CONTRIBUTING TO D</u>	EATH BUT	NOT RELATED TO THE TERM				
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?	IN CERTIF	S, WERE FINDIF YING CAUSES S []	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	RIBUTING CAUSE OF DEATH HOUR A.M. MONTH DA		21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FA	RM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not	ol) ottended the deceosed from 3-20- 19-2 view the body ofter deoth.		nd that in (my) (our) opinion of	to 8 - 2 death occurred on the do			that (I) (we) lost couses stated
	22b. SIGNATURE		an .	DEGREE ATTENDING	MEDICAL STAF	f o	221 DATE	SIGNED

23a. BURIAL, CREMATION, REMOVAL

WWARKAT. MD

23c. NAME OF CEMETERY OR CREMATORY
Ft. Lincoln Cemetery

22e ADDRESS

8201

Brentwood, Maryland

16 th st S.S. MD 20910

PARTICIPATE OF THE PARTY OF THE

U 0"

Former, J. C. T. State Company of the Late Care Line

filled in by the funeral director, page 3 ould be filed with \$72 hours ofter death

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPIENE

MID

MOGE MCD3 1985 RAR 21 REGIS WARS SIGNATURE

REG	ISTRAR			CERTIFI	CATE OF DEATH	REG.	NO		
1 DECEASE			MIDDIE	14	(51	20. DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRIN	ASHL	EY MARI	E FIELDS	CLASB	ERRY	AUGUST 7	1985		9:51 a
3 SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST E	HRTHDAY)	MONTHS DAYS	HOURS MIN.
FEMAL	E	BLACK		AUGU			YRS	7	Mills.
7a BIRTHPI	ACE ISTATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED 🔀	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
MARYI	ÄND	UNITE	D STATES	WIDOWE	44	MONTGO	MERY		MD
1	THESDA	(IF NOT IN SUC	HOSPITAL, NURSING THEACILITY, GIVE STREET A NAVAL HOS	ADDRESS)	R OTHER INSTITUTION	12g USUAL OCCUPA (TYPE OF WORK FOR MOS' N/A			OF BUSINESS OR
USUAL RES 130 STATE VIRGI	INIA ARLI		ARLINGTO	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	S / ZIP COU	ROAD	22206
14 FATHER		MIDDLE	LAST	75 -	15 MOTHER'S MAIDEN NA	ME		I A	51
	DARRIUS TY		ASBERRY			A MARIE FI	ELDS		
	DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		
NO	(1125, 511	2 0 0 0 0	N/A		DEIDRA M.FIE	LDS 2400 S	GLEB	E ROAD,	#610,
18 C	AUSE OF DEATH (Enter on	ly one couse per	line for 101, (b), and	dic	ARLINGTON	, VA 22206		BETWEEN	ONSET AND DEATH
<u> </u>	RT 2. OTHER SIGNIFICANT (NOT RELATED TO THE TERM	MINAL DISEASE OR CO			
RTIFIC					WASTERI OKMED	YES NO	IN CERT	ES, WERE FINDI TIFYING CAUSES YES To	S OF DEATH?
ORC	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
WHS		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no				d that in (my) (our) opinion	to AUGUST		., 19 <u>85</u> ,	that (II (we) lost couses stated
222	Lucian 7.	Keit	th		PEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN AT	8 AL	SIGNED Depust 85
22d I	PHYSICIAN'S NAME (TYPE O				22e ADDRESS NAVAL	HOSPITAL,	NAVAI	L MEDICA	L COMMAN
1 5-0	J F KETTH	TCDP	MC IICM		NATTONAL CAD	TTAT DECTA	NI DEC	DITECTA	100 0001
23a BURIAI	J. F. KEITH			IAME OF CE	NATIONAL CAP	ITAL REGIO	N, BE	THESDA,	MD 20814

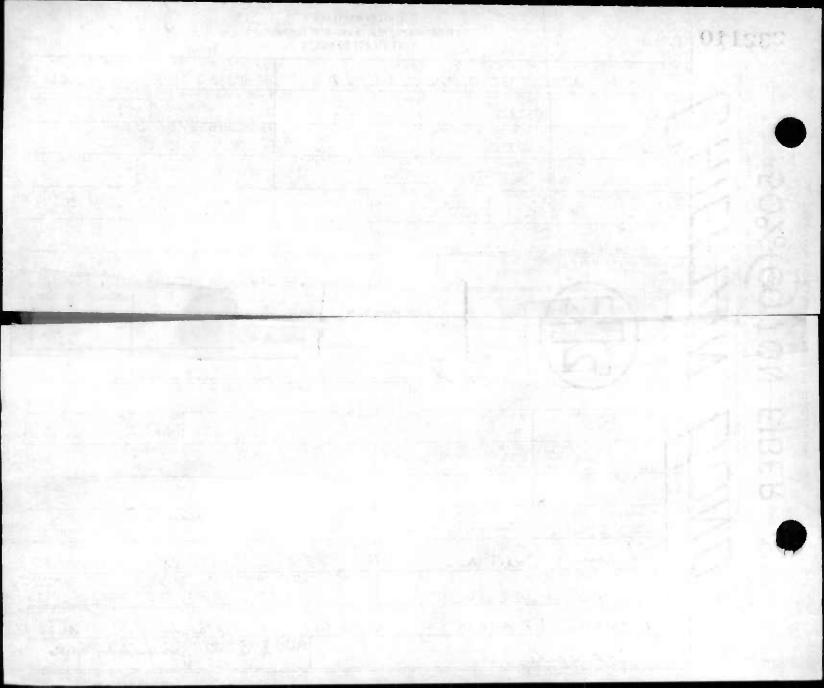
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24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carabope with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar foval

OR ATTENDING PHYSICIAN: The low requires that the de ottending physicion.

TO HOSPITAL



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT & HYGIENE

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CTATE	DEFARIMENT OF HEALTH AND MENT OF HISTEINE
STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
REGISTRAR	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH

REG. NO.

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	1		CEASED NAME PAST	Medic		/	DEATH MATED	HOHEL DAY HAR IN HOU
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1	SPEQUE X	3, 583	1. RACE	MONTH BAY TEAM	LAST BRITISHES IF UND			HON AL HAN THE PLAN
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1	10000000000000000000000000000000000000		RTHPLACE (XIATEON	THE CITIZEN OF WHAT COUNTR	000 10	ED NEVER MARRIED	- I BALTIMORE CITYOR	COUNTY OF DEATH
1	是是是		Redirection (n)	11 0	WIDOW		2000 A	1.
	2 × 0 × 7		lebraska TY OR TOWN OF DEATH	U.S.			20 USUAL OCCUPATION (TYPE O	DEWORK 126 KIND OF BUSINESS
	A SHEET A SHEE		0-1	UF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	1	FOR MOST OF WORKING LIFE) Clerk	OR INDUSTRY Fed. Gov't
i		LISU	AL RESIDENCE (IF WHURNING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BE	10 / R	p4.762	CIEIK	
201	02392/	13a. S		TY 13 SITY O		13d. INSIDE CITY LIMITS? 13	Be STREET ADDRESS	20910
. 21	SHOW	1	1011/11	0 ngh, 01	1.11/20	YES NO BE	8484 /88	Sto VT YOU DIO.
WD	$I \rightarrow X$	14. F/	ATHER'S NAME FIRST	MIDDLE LA	ST 170	15. MOTHER'S MAIDEN	NAME	LAST
RE,	東京教	F	Henry	Clay	,	Lucy		Heit
MORE		160. V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIA		17. INFORMANT	ADDRESS	25 Cara Place
5	185-28 185-28	1	Yes WWII		07 4884	Ws Ther		San Pedro, CA
	00545			y one cause per line for (a), (b), a		110. 1110.	redu Radiey D	APPROXIMATE INTERVAL
ST.	E A G B C C C C C C C C C C C C C C C C C C		PART I DEATH WAS CAUSED	DBY:) 1		1.1 h -	BETWEEN ONSET AND DEAT
O	VALERON	1	IMMEDIAT	ECAUSE (0) Cu		YDCIZY.	1 12 018	1
EST	WHATE		Canditions, if ony, which	DUE TO, OR AS A CONST	EQUENCE OF			
4	Z A SAN SEE		gave rise to immediate	(b)				
M.	NA PRO		lying couse last.	DUE TO, OR AS A CONSE	EQUENCE OF			307
20	ONAKE		17 mg couse rasi.	(c)		4 6 3		
SOS	A B B S G S		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE	DR CONDITION GIVEN IN PART 1	0	
RECORDS	"PENDING" "PENDING" "FENDING"	N N	Nane					
I S	SED A	1 4	190. DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WA	AS PERFORMED?		20 AUTOPSY?
IA	28 # SP # S	E	None					YES NOX
OFV	THE COULD BE TO BUT TO	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c HO	W INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PAR	
	SHOOT STANK	1 4	UNDERLYING OR	HOUR A.M. MONTH D				
SIO	SHOOT	1 2	CONTRIBUTING CAUSE OF E	ZIe PLACE OF INJURY	19 211, LOC	ATION		
DIVISION	E SE	WE	1441115	STREET, FACTORY, FARM, ETC.		REEI	CITY OR TOWN	COUNTY STATE
	WAR WAR		AT WORK AT WORK					
	DRV DRV FEST DV,		220. I certify that I took charg	e af the remains described above	, held an Autapsy	y , Inspection	Inquiry , ond	in my opinion
	SETITE A		death resulted fram: Natur	al causes Accident	Suicide .		Undetermined monner ,	7 - 7
	CERTIL OLD B DIREC			areass Eg, Account	- Colcide Cui,	TITLE (SPECIFY)	Olideterinined moniter	
	₩ Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		ACTUAL	2000		TILLE (SPECIFT)		DATE, 1. 27/6-
3	JNERAL SPOUNERAL SPEATH, MORE, N	1	SKINATOR	1	The Miles	Della	_MEDICAL EXAMINER	SIGNON 27198
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	EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO	120.0	Australia de la constitución de	2h DAYE		ADDRESS	211 100 171011	
	- 22 - 42	230.8	URIAL, CREMATION, REMOVAL 2		ME OF CEMETERY OR		23d. LOCATION	COUNTY STATE
/84 M	BP	24 51	REAL DIRECTOR	8-30-85 We	SIVIEW 1	Mem. P.C.	CA-TONSVILLE	BAND. MD.
	DHMH - 17	0	NAME	ADDRESS BOX 2	68	ZJO. DATE REC	C'D. BY REGISTRAR 256 REGIST	KAK 3 SIGNATURE
(VR A15 ME (5))	NA	ACK FUNERAL	. Homes Ellice	ET CITY N	20 22445	FF - 1500	F. Comments

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMONE, MIP-21201

07/84 25M

STATE OF MARYLAND

OF HEALTH AND MENTAL HYGIENE	2	3	

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- STATE	APPLICATE EVALUATION OF STATE OF STATE
REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	PE OR PRINT)	milit	WIDDLE		LAST	20 DATE KI	OWN MONTH	DAY YEAR 126 F
2.05		reor GE	E	E (IN YEARS IF UN	-IFFORD	DEATH A	AATED S	18 19 85 01 DAY YEAR 24 1
3 SE	male C	White S. DATE C	DAY YEAR LAST	T BIRTHDAY) MONTE		24 HRS. 2c. DATE PRONOUNC DEAD	ED &	DAY YEAR 2d I
70. B	IRTHPLACE ISTATE OF	7	EN OF WHAT COUNTRY?	YRS.		A RAITIMO	RE CITY OR COUNT	TY OF DEATH
F	RI COUNTRY)	TI II	.S.A .	WIDOW	ED NEVER MARR	E 44.4	TGOME	n c.
10. C	ITY OR TOWN OF DE	EATH II. NAMI	E OF HOSPITAL, NURSING	HOME, OR OTH		12a USUAL OCCUPA FOR MOST OF WORKIN	TION (TYPE OF WORK	126 KIND OF BUSINE OR INDUSTRY
/	BETHES	SA Sut	WR BAW	Hospi	MAL	Writer		lf-employe
	AL RESIDENCE (IF IN I	113b. COUNTY	TITUTION, GIVE RESIDENCE BEFORE	OWN	134 INSIDE CITY LUMIST	13e STREET ADDRESS	2	2865
1	MD	MONTED	MORE CHELY	CHASO	YES NO	146	TRAFTO	N T
14 F	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAID!	NAME	DLE	LAST
160	George	R IN U.S. ARMED FORCE	Cliffo:		Mary 17. INFORMANT		ADDRESS	Moriarty
((ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR DATE				Clifford S		em # 13
	18 CAUSE OF DEA	ATH (Foter only one cous	se per line for (a), (b), and (=	APPROXIMATE INTER
1	PARTIDEATH	WAS CAUSED BY:	myna n.		1111	1000100)	A TOV T
	-	IMMEDIATE CAUSE	(o) NYOCAL		INF	ARCTION		18.00
	Conditions, if		10-	1 770	()		X	+ will and
	gave rise to		ETO, OR AS A CONSEQUE		THOMA	3 WEAR Y	2/167/18	INDET
	lying couse las		10, 0K AS A CO143200	EIACE OF				
34	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTION	(c)	THE TERMINAL ONCEASE	OR COMOTTON CIVEN IN RA	DY 1		
NC	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING	(c) G TO OEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 a		
ATION	PART 2 OTHER SIGNIFICA		(c) G 10 DEATH BUT NOT RELATED TO TO CONDITION FOR WHICH		100	RT 1 to		20 AUTOPSY?
TIFICATION					100	RT 1 to		
CERTIFICATION	190. DATE OF OPER	RATION 198	CONDITION FOR WHICH	OPERATION W	AS PERFORMED?	RT 1 0	Y IN ITEM IB PART I OR PAR	YES NO
	190. DATE OF OPER	USE WAS 21b	ECONDITION FOR WHICH	OPERATION W.	AS PERFORMED?		Y IN ITEM IB PART 1 OR PAR	YES NO
	190. DATE OF OPER 210. EXTERNAL CAL UNDERLYING CONTRIBUTING 210. INJURY OCCU	USE WAS 21b H	CONDITION FOR WHICH	YEAR 216 HO	AS PERFORMED?		Hon	YES NO
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	190. DATE OF OPER 210. EXTERNAL CAL UNDERLYING CONTRIBUTING 210. INJURY OCCU WHILE NO AT WORK AT	RATION 198 USEWAS 216 OR 16 ICAUSE OF DEATH 216 RRED 216 WORK 216 I hook charge all the res	CONDITION FOR WHICH TIME OF INJURY OUR, A.M. MONTH DAY P. PLACE OF INJURY E. PLACE OF INJURY E. FLACTORY, FARM, ETC. THE TIME OF THE	YEAR 216 HC	AS PERFORMED? DW INJURY OCCURRE CATION TIRE! CRAFTON	D LENTER NATURE OF BUJUR	CHARE COL	YES NO
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	190. DATE OF OPER 210. EXTERNAL CAI UNDERLYING CONTRIBUTING 21d. INJURY OCCU WHILE AT WORK AT	RATION 198 USEWAS 216 OR 16 ICAUSE OF DEATH 216 RRED 216 WORK 216 I hook charge all the res	CONDITION FOR WHICH TIME OF INJURY OUR, A.M. MONTH DAY P. PLACE OF INJURY E. PLACE OF INJURY E. FLACTORY, FARM, ETC. THE TIME OF THE	YEAR 216 HC	AS PERFORMED? DW INJURY OCCURRE CATION TREET STORY Inspection	D (ENTER NATURE OF INJUR ST CALLY OR TOWN Inquiry	CHARD COL	YES NO
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	- STATE REGISTRAR				CERTIF	FICATE OF DEATH	REG. NO	D.		
	DECEASED NAME	FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 21	HOUR
T,	TYPE OR PRINT)	ALBE	RT		CO	HAN	AUG. 6	1985		8:30 P
3.	SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT			UNDER 24 HRS
	MALE		CAUCA	SIAN	MONTH 9	DAY 4 99	85	YRS.	DAYS	OURS MIN.
70	BIRTHPLACE (STATEORI	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY O		ATH	
	St. Louis	. Mo	U.S	S.A.	WIDOWE	D NEVER MARRIED	MON	TGOMERY		MD.
/	CITY OR TOWN OF DEA	,		HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON 12b	KIND OF E	BUSINESS OR
F	ckville		POTOMA	C VALLE	Y NU	RSING CENTE				il Furn
13	SUAL RESIDENCE (IF NURS to: STATE Maryland	13P CON		130 CITY OR TOW Potomac		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 11808 Char	zip code en Lane	(2085	4) u
14	FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		1057	
1	Louis		WIODEE	Cohn		Rose	WIDDLE	(Unkno	own)	
16	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		20854
	NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	441-09-4	1403	Lawrence Coha	an:11808 Cha	ren Lane	:Poto	mac, Md
Carion	PART 2 OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNE	lost.	ONDITIONS CO	Den	DEATH BUT	NOT RELATED TO THE TERM TO A ON WAS PERFORMED	AINAL DISEASE OR CONF	20b IF YES, WERE	EFINDING	
4 3							YES NO X	YES 🗌		NO []
			21b. TIME C HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART I OR	PART 2)	
13	(IF EITHER NOTIFY MEDI			M.	19	211 100 171011				
TO COLOR		TILE	21e PLACE	OF INJURY REET FACTORY, OFFICE, I	ARM ETC)	211. LOCATION STREET	CITY OR TO	WN CO	UNTY	STATE
	AT WORK AT WO	RK			10	1000	8 -	6 8		
L	270. I certify that (1) saw the decease above, (1) (we) (s	ed olive on.	2-	6 19/	10	nd that in (my) (our) opinion	death occurred on the do	ate and hour and I		ot (II (we) last uses stated
	He let	410	rest	Rum 1	no		MEDICAL STAF		S DATE SIG	SNED -
L	APHYSICIAN'S NA					22e ADDRESS				
-	DR. HE			ANENBAU				CHEVY C	HASE	MD.
23	BURIAL, CREMATION,	REMOVAL	236 DATE			CEMETERY OR CREMATORY	23d LOCATION	COUN	ITY	STATE
	BURIAL		8-9-8	5	HILL	SIDE CEM.	LOS	ANGELES	S CA	LIF.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed Eshauld be detached for use as the bund-transit permit. Then plea with the State Dept. of Health and Mental Hygiene prior to bunal.

IMPORTANT: If them 21 is

THE PROPERTY OF THE PROPERTY O INC. (VRA 15, 4)

debegon the stage that he we

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HERENES

23258

							REG. N				
	CEASED NAME	FIRST	-	WIDDLE	1AS	1	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
(TYPE	E OR PRINT)	DA	W	ILSON	COL	LINS	AUG	UST 2	2 198	5 4:00	F
3 SE			4. RACE		5. DATE OF		6. AGE (IN YEARS LAST B		IF UNDER 1 YE	AR IF UNDER 2.	a HRS
,	FEMALE	200	CAUCAS	IAN	APRIL	20 1929	56	YRS	MONINS DAT	S HOURS	MIN
7a B	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH		
	ASSACHUSET	TS	UNITED	STATES	WIDOWED		MONTGOME	RY			M
	BETHESDA	/	(IF NOT IN SUC	AL HOSPIT	AL	OTHER INSTITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWIF	OF WORKING L		OF BUSINES	SO
130. 5	ALRESIDENCE (IF NURS STATE 'IRGINAI	STAF	ITY	134 CITY OR TOWN FALMOUT	N 1	3d INSIDE CITY LIMITS?	13e STREET ADDRESS 211 BELAI		_ / /	405	1
14. FA	ATHER'S NAME		WIDDIE	LAST	1	5 MOTHER'S MAIDEN NA	ME			LAST	
	WENTWORTH		NMN	WILSON		ANNIE				LEY	
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO. 1	7 INFORMANT	ADDI	RESS 211	BELAI	R PLAC	E
	NO	(11 160 011		032 22 8	518	LEONARD L. (COLLINS, JR	FALN	MOUTH,	VA 22	240
	18 CAUSE OF DEAT	H Enter on	ly one couse per	line for 101, (b), one	d (c).1				BETWEE	NONSET AND D	AL EATH
	PART I. DEATH W		D BY: E CAUSE (a)	BREAST	CANCER						3
	Canditions, if any, gove rise to imm couse to statin underlying cause	mediate ng the e last	(b) DUE TO, OI	r as a conseque	D BRAI	N METASTASES		NDITION C	VEN IN PAPT	lio	
FICATION	gove rise to im- couse (o), statin underlying cause	mediate ng the last	DUE TO, OI	LUNG AN	ID BRAI	OT RELATED TO THE TERA		20b. IF YE	VEN IN PART	DINGS USED	1?
RTIFICATION	gove rise to immoove to static underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	mediate ng the last NIFICANT C	(b)	LUNG AN	DEATH BUT N	OT RELATED TO THE TERM	200 AUTOPSY? YES \(\text{NO} \text{NO} \(\text{X} \)	20b. IF YE IN CERT	S, WERE FINI IFYING CAUS ES []	DINGS USED ES OF DEATH	17
ICAL CERTIFICATION	gave rise to imit couse to stalit underlying cause PART 2 OTHER SIGI 19a DATE OF OPERA 21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI	mediate ng the last NIFICANT C TION DERLYING C CAUSE OF DEA	DUE TO, OI CONDITIONS CO 19b. CONDI 19b. CONDI HOUR A. P.	LUNG AN R AS A CONSEQUE DITTIBUTING TO D ITION FOR WHICH IT FINJURY M. MONTH DA M.	DEATH BUT NO OPERATION	OT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES \(\text{NO} \text{NO} \(\text{X} \)	20b. IF YE IN CERT	S, WERE FINI IFYING CAUS ES []	DINGS USED ES OF DEATH	17
MEDICAL CERTIFICATION	gave rise to improve the course of the cours	mediate ng the last NIFICANT C TION DERLYING CAUSE OF DEA ICAL EXAMINER! RED	(b) DUE TO, OI (c)	LUNG AN R AS A CONSEQUE DITTIBUTING TO D ITION FOR WHICH IT FINJURY M. MONTH DA M.	DEATH BUT NO PERATION OPERATION AY YEAR 19	OT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	20b. IF YE IN CERTING Y	S, WERE FINI IFYING CAUS ES D PART LORPART 2	DINGS USED ES OF DEATH NO	ATE
	gove rise to improve the course of the cours	TION DERLYING CAUSE OF DEA CAUSE OF DEA CALEXAMINER RED HILE CHIS hospit	DUE TO, OI (c) 19b. CONDITIONS CO 19b. COND	LUNG AN R AS A CONSEQUE DITION FOR WHICH IT IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA LECTORY, OFFICE, FA L	DEATH BUT NO OPERATION AY YEAR 19 ARM. ETC.)	OT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJ	20b. IF YE IN CERTING THE ALL	S, WERE FINI IFYING CAUS ES PART I OR PART 2 COUNTY 19 85	DINGS USED ES OF DEATH NO	ATE
	gove rise to improve the couse of the couse	TION DERLYING CAUSE OF DEA CALEXAMINER! RED (this hospit ed alive on, did) (did nat	DUE TO, OI (c) CONDITIONS CO 19b CONDITIONS CO	LUNG AN R AS A CONSEQUE DITION FOR WHICH IT IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA LECTORY, OFFICE, FA L	DEATH BUT N OPERATION AY YEAR 19 ARM. ETC.) 21 AUG. 85, and	OT RELATED TO THE TERM WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET 212. 19. 81. that in (my) (our) opinion EGREE ATTENDING PHYSICIAN [200. AUTOPSY? YES NO RED (ENTER NATURE OF IN) CITY OR TO 22 AUG death occurred on the of	20b. IF YE IN CERTI Y OWN UST date and ha	S, WERE FINI IFYING CAUS ES PART I OR PART 2 COUNTY 19 85 122C. DA	DINGS USED ES OF DEATH NO [])	e) la
	gove rise to improve the couse of the couse	DERLYING CAUSE OF DEA CALEXAMINER! RED (this hospit ed alive on, did) (did not) AME (TYPE OF	DUE TO, OI CONDITIONS CO 19b. CONDIT 19b. CONDITIONS CO 19b. C	LUNG AN R AS A CONSEQUE DITION FOR WHICH IT IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA LECTORY, OFFICE, FA L	DEATH BUT N OPERATION AY YEAR 19 ARM. ETC.) 21 AUG. 85, and	OT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 211 LOCATION SIREET 19 81 that in (my) (our) opinion GREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ CITY OR TO death occurred an the of MEDICAL ST, DIRECTOR PHYS	20b. IF YE IN CERTIN Y YOUNG THE MID TO THE MID THE MID TO THE MID THE MID TO THE MID TH	S, WERE FINI IFYING CAUS ES PART I OP PART 2 COUNTY 19 85 224. DA 23	DINGS USED ES OF DEATH NO , that (1) (we he couses state TE SIGNED AUG 85	e) la

DHMH - 16 60M 7/B4 (VRA 15, 4) to the town on the

Processon Aug. 27,108s DetropolitanGreentony Alexandrin, V.

AV. armith Superal Neme Protestations AV.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	'	REGISTRAR			CERTIF	ICATE OF D	EATH	REG. N	0.			
		CEASED NAME FIRST		AIDDLE	A	AST .		a DATE OF DEATH	MONTH D	AY YEAR	25. HOL	JR
7	TITPE	OR PRINT)	erine) V.	Cor	uml	us	8/25/8	5		91	PM
	3. SEX		4 RACE		5. DATE C			AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER	R 24 HRS MINL
		EMALE	CAUCAS	TAN	MONIN	27	O.3	82	YRS.	DATS	1100K3	Miles.
7		RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8.	□ NEVER M	_ 9	BALTIMORE CITY C	R COUNTY	OF DEATH		
	1	ASHINGTON D.C.	115	A	WIDOWE		ORCED	MONTGO	MFRV			MD.
-		TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INST		20 USUAL OCCUPAT		125 KIND O	F BUSIN	ESS OR
	T	AKOMA PARK	,	TON ADVE		HOSPITA			RIAN	WADOSIK!	V.A.	
		AL RESIDENCE (IF NURSING HOME) TATE 13b. CC		GIVE RESIDENCE BEFOR		13d. INSIDE CI	TY LIMITS? 1	3e STREET ADDRESS	ZIP CODE			
ř.	MAR	VIAND MON	TGOMERY	SILVER	SPRING		NO 🗌			CE DRI	IE.	2090
0	14. FA	THER'S NAME FIRST	WIDDIE	LAST			MAIDEN NAME	MIDDLE		LAS	1	
1		HARRY	BOYD				TULIA			DONOVA	W	
		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMAL	SON	ADDR	OO HI	LLTOP 1	PRIVE	=
		NO		217-52-	5389	CHARLE	S C. CC	LUMBUS, JR	AN	NAPOLIS	S. MD.	2140
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r only one couse per	line far (a), (b), ar	nd ici.i	. 8	Aug			BETWEEN	MATE INTE	DEATH
	П		DIATE CAUSE (a)	GSING HO	wash	epic. 1	CVA	-				
	ш		DUE TO, O	AS A GONSEQU	ENCE OF	Ta						
	ш	Conditions, if ony, which		ardiac	CAYER	1.						
		gave rise to immediate cause (a), stating the		R AS A CONSEQU	ENCE OF							
		underlying cause last.	((c)									
		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMIN	IAL DISEASE OR CON	DITION GIVE	N IN PART III)	
_	CERTIFICATION	14 DATE OF OREBATION	I W COND	YION FOR WHICH	0050.710			Lan All Concurs	Tool 15 VEC	MEDE EN ID II	1001100	
2	FICA	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	WED	200 AUTOPSY?		, WERE FINDING CAUSES		
_	ERTI	21a. ACCIDENT WAS UNDERLYING	216 TIME O	E INTITION		Tale HOW/IN	LIBY OCCUBBE	YES NO		5 🗍	NO [
1		OR CONTRIBUTING CAUSE OF	LIGHT .	M. MONTH D	AY YEAR	TIE HOW IN.	OKI OCCURRE	D (ENTER NATURE OF INJU	RY IN IIEM TB PA	ART I OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE		19	ZII LOCATIO	k)					
	MEC	WHILE NOT WHILE		EET, FACTORY, OFFICE,	FARM, E/C)	SINEE	Pe.	CITY OR TO	WN	COUNTY		STATE
		AT WORK		1	2/16/	bro		8/20		de		
		220.1 certify that/(1) (this has sow the degeased alive	(F12 10)	occeosed from	olint	d that in (my).	euc) opinion de	ath occurred an the d	ate and hour		that (I) (
		obove, (1) (die) (did) (die 22b. SIGNATURE	nat) view the bady	after deoth.		DEGREE				22c. DATE		
		Much	Thou	2		A	TENDING N	MEDICAL STA		THE DATE	3101120	
1		22d. PHYSIC AN'S NAME (I)	PE OR PRINT)			220. ADDRESS	77.	DIRECTOR PHYSK				
		811174 11	K LL E			17610	Carra	11 Aug	icka.	a TK	MIV	1
_	73n B	URIAL, CREMATION, REMOV	AL 236, DATE	72.	NAME OF C	EMETERY OR C	CQ. IOI	23d LOCATION	rjan	4 . 1		<u></u>
		SPECIFY) BURTAL	8/28/85			HEAVE		SILVER	RING	COMMONT		MD.

DHMH - 16 50M 4/83

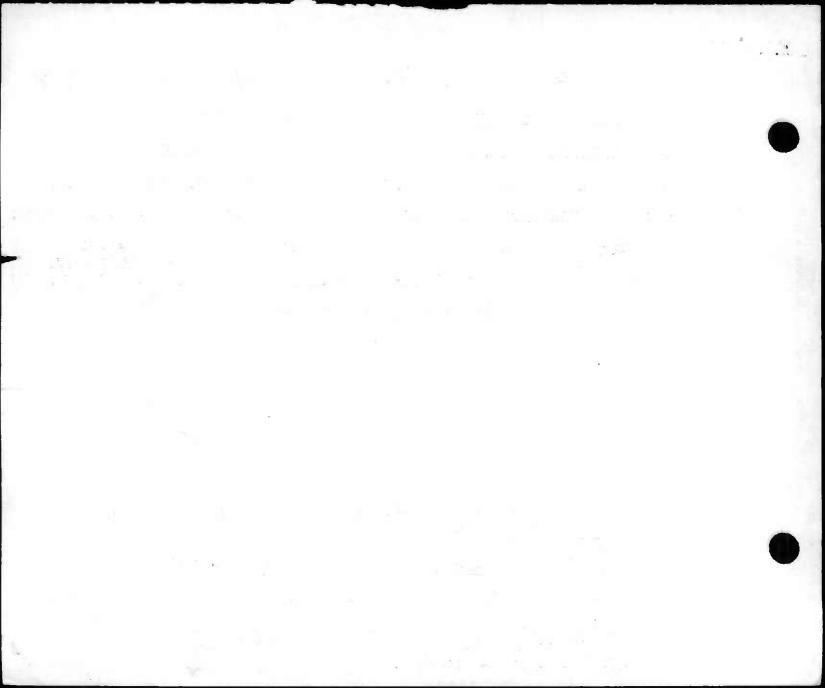
IMPORTANT: II

(VRA 15, 4)

24 FUNERAL DIRECTOR FRANCIS J. COLLINS
500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

2 3 2 5 9

AUG 3 0 1985



STATE OF MARYLAND DEPARTMENT OF REALTH AND MENTAL HYRIEMEN

2	3	9	6	11
6im	9	S. Lake	0	U

1	7-	STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO			
H		EASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	AONTH DAY	YEAR 2b H	OUR
1	2	Micha	el A.	Cor	ndore	And	2/4 1	985 1	• A M
1	T SEX		4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	TOAY) IF ENDER	YEAR IFUN	
J	-	male	white	May	7 22 1923	62	YRS	DATS HOUR	RS MIN.
J		THPLACE MATE OF FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	00	9 BALTIMORE CITY OR		ATH	
	0	Washington, DC	USA	WIDOW	ED NEVER MARRIED	Montgomen	ry		MD.
A	_	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL.	NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N 12b K	KIND OF BUS	
	50	akoma Park			ist Hospital	Pressman re	working LIFE) INDL	USTRY	
	130 S	arvland L	VIY IJ3C, CITY C	ice before admission) OR TOWN a Park	13d INSIDE CITY LIMITS	2 13. STREET ADDRESS / 15th.	ZIP CODE Ave., 20	912	
1	MEFA	THER'S NAME	eorges [15 MOTHER'S MAIDEN				
1	1	Pietro	Condo	re	Maria	MAME N.		Del Bo	orno
9	16x 35	AS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT	ADDRES			
2	and the	S NO ANKNOWN) (IF YES, GA		16-8668	Elizabeth J	. Condore-wife	e-(same a	is 13e))
7							1	APPROXIMATE IN	NTERVAL
4		8 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	D BY.	, (b), and (c)	040	0.1	1///	-	1
	2	IMMEDIA	TE CAUSE (a)	remi	ma 17 16	a constant	10 30	even	MONI
			DUE TO, OR AS A CO	NSEQUENCE OF	0	Metas to	1515		
		Canditians, if any, which gave rise to immediate	(b)				-		
1		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF					
4			(c)						
-	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BU	I NOT RELATED TO THE T	ERMINAL DISEASE OR COND	ITION GIVEN IN P.	ART 1:0	
	TION		Tin comprisions	NAME OF THE PARTY	DIAMAG DEDEGO CALED	70a AUTOPSY?	201 IF VEC MERE	FINIDINGS	COD
	HICAT	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED		20b. IF YES, WERE IN CERTIFYING C.		
9	CERTI					YES NO	YES 🗌	NO	
f	573.0	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR		CURRED (ENTER NATURE OF NIUR	IN ITEM IS PART I ORP	ART ?}	
Ŋ	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOW	N COU	INTY	STATE
-	^	AT WORK AT WORK							
1	100	220 1 Partify that (I) (this hasp		from	23- 19 8		Y - 19 F	5 that (li (e)flost
4		ow the deceased alive an	ot) view the body ofter death	19 8 3 , 0	ind that in (my) our) opin	ion death accurred on the dat	e and have and fro	om the couses	stated
9		22h. SIGNATURE ~	. 0		DEGREE			DATE SIGNI	ED
1		David	K. Cro	muel &	ATTENDING PHYSICIAN	MEDICAL STAFF	AN D	8-29	4-85
ŀ		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				-71
		David K. Cr	omwell, MD		831 Univers	ity Blvd., E.	Silver S	pring.	, Md.
	230 B	URIAL, CREMATION, REMOVAL		23c NAME OF	CEMETERY OR CREMATO	RY 23d LOCATION			
		SPECIFY) Burial	8-27-1985		incoln Cemet	CITY OF TOWN	od Pr. Ge	orges	Md.
	24 5	115011 01005			T _e /	DIVE DECID BY DECISED AND		-3-5	

DHMH - 16 60M 7/84

(VRA 15, 4)

Hines/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md.

AUG 27 1885 REGISTRAPISS REGISTRAR'S SIGNATURE CONTROL OF THE PROPERTY OF THE

Some Cold

H. MARKET ST

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion should be detached for use as the burral-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the miles.

TENDING PHYSICIAN: The low requires that the death certificate be

FOR. = STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

- 1						REO.				
4		OR PRINT	MIDDLE	COL	LAC	20 DATE OF DEATH	8 - 16 -	85 2b	1905	
	3. SEX	11110-	4. RACE	DATE OF B	IPTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF UNDE	ER I YEAR OF I	UNDER 24 HRS	
	5. 527	MALF	WHITE	MONTH	DAY YEAR /	8:3	MONTHS	DATS MC	OURS MIN.	
4	7a. B1F	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	DEC	-0-1101	9 BALTIMORE CITY	OR COUNTY OF DE	HTA		
2	C	8/NTRX)	11-1	MARRIED NIDOWED	NEVER MARRIED DIVORCED	MOA	TOOME		P 410	
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING			120 USUAL OCCUPA	TION 12b	KIND OF 81	USINESS OR	
1		OLNEY	BROOKE OROVE	NURS	ING HOME	RET-LA		LAU)	
5	13a. S	4.4	TY J3c. CITY OR TOWN	1136	I INSIDE CITY LIMITS?	13e.STREET ADDRESS	S / ZIP CODE	20	906	
4	14.54	MOL. MON	TGOMERY SILVER ST	RINGY	MOTHER'S MAIDEN NA	1530/	WALLBI	COOK	CF #3	C
d	19 FA	FIRST	MIDDLE LAST	13.	FIRST	MIDDLE		PAF	-	
Н	16a W	S/MON /AS DECEASED EVER IN U.S. AR/	MED FORCES? 166. SOCIAL SECURIT	TY NO. 17	MINNI		RESS	<u> </u>	/-	
	{Y		- 215-38-3	021 1	LEONA H.	CONN (SAME A	5#	13)	
		18 CAUSE OF DEATH Enter on	ly one couse per line for 101, (b , and 10		0 1			APPROXIMATI	E INTERVAL	
		PART I. DEATH WAS CAUSED IMMEDIAT		cute	Cardior	espirat	Filore	11	inutes	5
			DUE TO, OR AS A CONSEQUEN	CE OF	62/6/e Pu	Imonary	Embolish		inutes	2
		Conditions, if ony, which gave rise to immediate	(b)	1770	B 2 5 / 6 FU	,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	CE OF CH	ronic Co.	ngestive	Heart	Mon	ths.	
١		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN IN	PART 110		
	0									
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION W	/AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERI IN CERTIFYING (YES []	CAUSES OF		
		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		YEAR	t HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM IB PART I OR	PART 2)		
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21	I LOCATION STREET	CITY OR	TOWN CO	OUNTY	STATE	
1	×	MHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE, FARA	A, ETC)	SIREET	CIII OR	1044	ONT	SIATE	
	100		ol) ottended the deceased from		62.6014, 19 8/	, 10		5_, that	(li-feet) last	
		sow the deceased alive an above, (1) (we) (did) (did not	31 July 19 8		not in (my) (<u>our)</u> opinion	death accurred on the				
		226 SIGNATURE Sustan	S. Belavol	HO	ATTENDING PHYSICIAN (4)		AFF	DATE SIG	Aug 8	S
		224 PHYSICIAN'S NAME (TYPE OF	orid Medical	(en+ 22			9 MA			
		Gust A		Al						
	23o. B	URIAL, CREMATION, REMOVAL	1 4	1	TERY OR CREMATORY	23d LOCATION	COUN	ity	STATE	
	04 5	BURIAL	1446.18,1985 KI	NGD		1 //	church.		/A.	
	24 FU	INERAL DIRECTOR	FOR A - ADDRESS		PRINGMOL.	LICO AGO	R 256 REGISTRAR'S	SIGNATURE	Bridges.	
	VY	· W. CHAMB.	ERS COINC. SIX	VEN	י אוניסורות	100 20 190	J J	,		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

injury, or other troumotic e

TO FUNERAL DIRECTOR. A should be detoched for use with the Stote Dept of Heol

DHMH - 16 60M 7/B4

(VRA 15, 4)

BP

MPORTANT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF DEATH

2	3	Sue	6

	REGISTRAR				CERTIF	ICAIL OI DEATH	REG.	NO.			
	ASED NAME	FIRST		MIDDLE	L	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HO	JR
	R PRINT)	Maxin		onnie		oper	August				32a м
3 SEX			1. RACE		5 DATE C	DI DIKITI	6 AGE (IN YEARS LAST!	SIRTHDAY)	MONTHS DATS	HOURS	R 24 HRS
	Female	1	Whi	te	Dece	mber 31, 1944	40	YRS			
CO	HPLACE (STATE OUNTRY)	OR FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D W NEVER MARRIED	Montgome	-			MD
10 CITY	or town of d Bethesda		NTH, T	he Clinic	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Interior I	TOF WORKING L			ESS OR
Ma Ma	ryland	13b COUN	other institution TY gomery	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Potomac		YES 🛣 NO 🗌	13e STREET ADDRESS 10508 Str			: 20	0854
14 FAT	HER'S NAME	A	AIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAS	51	
	Herbert			Jacobs		Vivian			Coh	n	
	AS DECEASED EVI			166 SOCIAL SECU	RITYNO	17. INFORMANT	ADD	RESS			
(YES	no or unknown)	(IF YES, GIVE	WAR OR DATES)	404-60-5	531	Mr. Alan S.	Cooper	(Husba	/	Same	
	8 CAUSE OF DEA PART I. DEATH	WAS CAUSED	BY. E CAUSE (o)	-	ulmon	ary Arrest		1	BETWEEN	ONSET AN	DEATH
F	Conditions, if or gove rise to i couse (o), sto underlying cou	mmediate iting the use lost.	(b) DUE TO, O	r as a conseque	cance	er with brain r				onth	IS
TIFICATION	9a DATE OF OPER	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES		TH?
CALC	PIO. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER NOTIFY M	CAUSE OF DEAT	21b. TIME C HOUR A. P.	m. month da m.	YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)		
	WHILE NOT	WHILE WORK		REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR	TOWN	COUNTY		STATE
2	??a. I certify that	(K) (this hospit	ol) ottended th	e deceosed from <u>J</u> 12 19 8 ofter death.		y 24 , 19 84 nd that in Xny) (our) opinion d	, to August			that X	
	176 SIGNATURE	ovda	Pocca			DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [276. DATE 8/12	SIGNED	
2	Renat		PRINT) ROCCO			Clinical Cent					
(SP	rial, CREMATION	N, REMOVAL	Aug.			Mem'l Gardens	23d LOCATION CITY OF TOWN Oln		Maryla	and	STATE
	VERAL DIRECTOR NAME es-Pears	on Fune	eral Hor	nes, Falls	s Chu	WA1142	REC'D BY REGISTRA	Property States	JEAR'S SIGNAT	URE	2

requires that the death certificate be exec

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and a should be detached for use as the buriol-transit permit. Then please remove carbon-papers. Pages with the State Dept of Health and Mental Hygiene prior to buriol, cremotion, or removal.

233095 the funeral director, page 3 d within 72 hours after death moy be

FOR STATE REGIST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

R	FC	-	N	0

AUG 1 9 1985

	ECEASED NAME	FIRST	MIDDL	E //	6831	1						
/	PE OR PRINT)	DILLA	Filon	OHO	CAN	011		20. DATE OF DE	ATH MO	HINC	1 85	26 HOL
3. SE	EX.	vige	RACE	aic	S. DATE OF E	URTH		6. AGE LINYEARS	LAST BIRTHE	(YAY)	IF UNDER 1 YEAR	- UNDER # 1 HRS
11	Male		Caucas	sim	Мофин	23	97	87		YRS	MONTHS DAYS	HOURS MIN
7o. 8	BIRTHPLACE (STATE	OR FOREIGN 7	CITIZEN OF WHA	AT COUNTRY?	MARRIED [NEVER MA	ARRIED 🗍	BALTIMORE	ITY OR	COUNTY	OF DEATH	
10.6	SITY OR TOWN OF	FATH '	11. NAME OF HOSE	PITAL NURSIN	WIDOWED [DIVO	ORCED	12a USUAL OCC	UPATION	ME	MY XIND C	BUSINESS O
112	Sockville	2	115 msuch	AND STREET	ADDRESS)	VP.		ITYPE OF WORK FOR			A TOWN	Struck
	UAL RESIDENCE IN N	JRSING HOME OR C	OTHER INSTITUTION GIVE	RESIDENCE BEFOR	E ADMISSIONI	d. INSIDE Of	Y LIMITS?	13. STREET ADD	RESS /2	IP CODE	10	Rown
1	Md.	Won	talomeny	KOCKV	1116	ES D	NO []	415 m	12H	The	uranu	ma
17	FATHER'S NAME	+ 1	A A	18/100	1 15	MOTHER'S	MAIDENNAM) <u></u>	DDLE		115.115	2006
160	WAS DECEASED EV	ER IN U.S. ARN	AED FORCES? 16b	SDCIAL SEC	URITY NO. 17	NFORMAN	CASEC	I FNO	ADDRESS	5	WILL	ONL
	TYES NO OR WINKNOWN)	" LIF YES GIVE) I 1917 3	287-09	-93201)aug	her	233N	Van	BIN	en (+ 6	Preville
	18 CAUSE OF DE	ATH Enter only	y one couse per line	for iai, jbj, an	id ic	//	1	-			BETWEEN	ONSET AND DEATH
	PARTI DEATH	I WAS CAUSED	(//	1040	-resp	valor	y M	VEST	4			
							/		1.		-	3.4
			DUE TO, OR AS	A CONSEQU	ENCHOF	V	-h	00 000	K		Sw	moth c
	Canditions, if a	mmediote	1 16) C	ancer	of Las	nynx	Zho	neme	13	71	5m	orths
		immediate iting the	DUE TO, OR AS	ancer	of Las	nynx	Zho	neme	13	7	5m	orths
	gave rise to cause (o), stounderlying cau	immediate iting the use last	1 16) C	A CONSEQU	of Las	T RELATED T	Z bo	neme	13 CONDII	I IÓN GIV		
NOI	gave rise to cause (o), stounderlying cau	immediate iting the use last	DUE TO, OR AS	A CONSEQU	of Las	OT RELATED T	Z DO	NEME	R CONDIT	I ION GIV		
ICATION	gave rise to cause (o), stounderlying cau	immediate iting the use last	DUE TO, OR AS	A CONSEQU	ENCE OF			NAL DISEASE OF	? [2	POb. IF YES		o NGS USED
ERTIFICATION	gave rise to cause (o), stounderlying cau	immediate string the use last GNIFICANT CO	DUE TO, OR AS (c) ONDITIONS CONTE	A CONSEQUE RIBUTING TO	OF LAN	VAS PERFOR	MED	20a AUTOPSY YES NO	· X	70b. IF YES N CERTIF YE	EN IN PART 11 5, WERE FINDING CAUSES S	o NGS USED
AL CERTIFICATION	pave rise to couse (o), sto underlying course (o). PART 2 OTHER SI 19a DATE OF OPEI 21a ACCIDENT WAS	mmediate string the use last GNIFICANT CO	DUE TO, OR AS (c) ONDITIONS CONTE 196 CONDITION 216 TIME OF IN. HOUR A.M.	A CONSEQUENT TO THE FOR WHICH	ENCE OF DEATH BUT NO OPERATION V	VAS PERFOR	MED	20a AUTOPSY	· X	70b. IF YES N CERTIF YE	EN IN PART 11 5, WERE FINDING CAUSES S	ONGS USED OF DEATH?
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MEDICAL CERTIFICATION	gove rise to cause (o), sto underlying counderlying counderlying counderlying DATE OF OPEI 21a ACCIDENT WAS OR CONTRIBUTING [IFEITHER NOTIFY MODEL WHILE WORLD WAS ARRESTED AND WAS AR	IMMEDIOTE THE SEE IDST GOVERNMENT CALIFORM WHILE WHI	DUE TO, OR AS (c) ONDITIONS CONTE 19b CONDITION HOUR A.M. P.M.	A CONSEQUENT OF FOR WHICH	DEATH BUT NO I OPERATION V AY YEAR 19	vas perfora	MED URY OCCURR	200 AUTOPSN YES NO	· X	OD. IF YES N CERTIF YE	EN IN PART 11 5, WERE FINDING CAUSES S	NGS USED OF DEATH?
	gove rise to cause (o), ste underlying counderlying counderlying counderlying counterlying DATE OF OPEI	IMMEDIOTE THE USE IDST RATION UNDERLYING CAUSE OF DEAT EDICAL EXAMINER UNDERLY UNDE	DUE TO, OR AS (c) ONDITIONS CONTE 196 CONDITION 216 TIME OF IN. HOUR A.M. 21e PLACE OF IN. (AT HOME STREET, F.	A CONSEQUENT A CON	ENCE OF DEATH BUT NO OPERATION V AY YEAR 19 FARM. EIC 1	VAS PERFORA IC HOW INJU	MED URY OCCURR	200 AUTOPSN YES NO	OF INJURY I	OD. IF YES N CERTIF YE	EN IN PART II	ONGS USED OF DEATH?
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	gove rise to cause (o), ste underlying can PART 2 OTHER SI 19a DATE OF OPEI 21a ACCIDENT WAS I OR CONTRIBUTING I IF EITHER NOTIFY M 21d INJURY OCCU WHILE AT WORK	IMMEDIOTE STATION UNDERLYING CAUSE OF DEAT CAUSE OF DEAT EDICAL EXAMINER) UNDERLYING CAUSE OF DEAT COUNTY COU	DUE TO, OR AS (c) ONDITIONS CONTE 196 CONDITION 216 TIME OF IN. HOUR A.M. P.M. 21e PLACE OF IN (AT HOME STREET, F	A CONSEQUENT A CON	DEATH BUT NO I OPERATION V AY YEAR 19 FARM. EIC 1	VAS PERFORI IC HOW INJU II LOCATION STREET	MED URY OCCURRI	YES NO	OF INJURY I	N CERTIF YE	EN IN PART 1: S, WERE FINDIN YING CAUSES S ART 1 OR PART 7: COUNTY	ONGS USED OF DEATH? NO STATE that (we) lo causes stated
	gove rise to cause (o), ste underlying can part 2 OTHER SI 19a DATE OF OPEI 21a ACCIDENT WAS I OR CONTRIBUTING I IF EITHER NOTIFY M 21d INJURY OCCU WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK SOW the dece obove. (I) (we 22b. SIGNATURE	IMMEDIOTE GNIFICANT CO RATION UNDERLYING CAUSE OF DEAT CAUSE OF DEAT EDICAL EXAMINER) UNDERLYING COUNTY CAUSE OF DEAT COUNTY COUNTY	DUE TO, OR AS (c) ONDITIONS CONTE 196 CONDITION 216 TIME OF IN. HOUR A.M. P.M. 21e PLACE OF IT (AT HOME STREET, F	A CONSEQUENT A CON	ENCE OF DEATH BUT NO AY YEAR 19 FARM, EIC.) DEC	NAS PERFORM TE HOW INJU THE LOCATION STREET Hot in (my) (co	MED URY OCCURRI V	200 AUTOPS\ YES NO OLIVE NATURE CI The state of the occurred or o	OF INJURY I	POD. IF YES N CERTIF YE N ITEM 18 P	COUNTY	ONGS USED OF DEATH? NO STATE that (we) lo causes stated
	gove rise to cause (o), sto underlying coul PART 2 OTHER SI 19a DATE OF OPEI 21a ACCIDENT WAS: OR CONTRIBUTING [IJE EITHER NOTIFY M 21d INJURY OCCU WHILE NOTIFY M 21 certify that saw the dece obove. (I) (we cause the country of	IMMEDIOTE GNIFICANT CO RATION UNDERLYING CAUSE OF DEAT CAUSE OF DEAT EDICAL EXAMINER) UNDERLYING COUNTY CAUSE OF DEAT COUNTY COUNTY	DUE TO, OR AS (c) ONDITIONS CONTE 196 CONDITION 216 TIME OF IN. HOUR A.M. P.M. 21e PLACE OF IT (AT HOME STREET, F	A CONSEQUENT A CON	ENCE OF DEATH BUT NO AY YEAR 19 FARM, EIC.) DEC	IL LOCATION STREET hot in (my) (c	MED URY OCCURRI N 19 65 Dur) apinion d TENDING	200 AUTOPS\ YES NO OLIVE NATURE CI The state of the occurred or o	OF INJURY I	POD. IF YES N CERTIFY YE NITEM 18 P	COUNTY	ONGS USED OF DEATH? NO STATE that (I) (we) lo causes stated
WEDICAL	gove rise to cause (o), ste underlying can part 2 OTHER SI 19a DATE OF OPEI 21a ACCIDENT WAS I OR CONTRIBUTING I IF EITHER NOTIFY M 21d INJURY OCCU WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK SOW the dece obove. (I) (we 22b. SIGNATURE	IMMEDIOTE INTERIOR RATION UNDERLYING CAUSE OF DEAT EDICAL EXAMINER JURRED WHILE WORK (I) (this hospite osed olive on) (did) (did not) NAME (TYPE OR NAME (TYPE OR	DUE TO, OR AS (c) ONDITIONS CONTE 196 CONDITION 216 TIME OF IN. HOUR A.M. P.M. 21e PLACE OF IT (AT HOME STREET, F	A CONSEQUENT A CON	ENCE OF DEATH BUT NO AY YEAR 19 FARM, EIC.) DEC	NAS PERFORM IL HOW INJU IL LOCATION STREET hot in (my) (co	MED URY OCCURRI 19 65 TENDING TENDING TYSICIAN THE SICIAN THE S	200 AUTOPS\ YES NO YES NO CI CI ON 10 NO MEDICAL DIRECTOR	of Injury I y or town TLI the dote STAFF PHYSICIA	Ond hou	COUNTY 19 221. DATE 221. DATE	STATE that (II (we) locauses stated SIGNED SIGNED SIGNED SIGNED SIGNED

DHMH - 16 60M 7/B4 (VRA 15, 4)

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CHILDREN AND AND THE LINE

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF DEATH

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AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	he low requires that the death certificate be executed within 24 hours after centric flage 4 may be on.	has been signed by the offending physician and completely filled in by the time of a citar, page 3 it permit. Then please remove carbon papers. Pages, 1 and 2 should be file
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DIVISION OF VIT

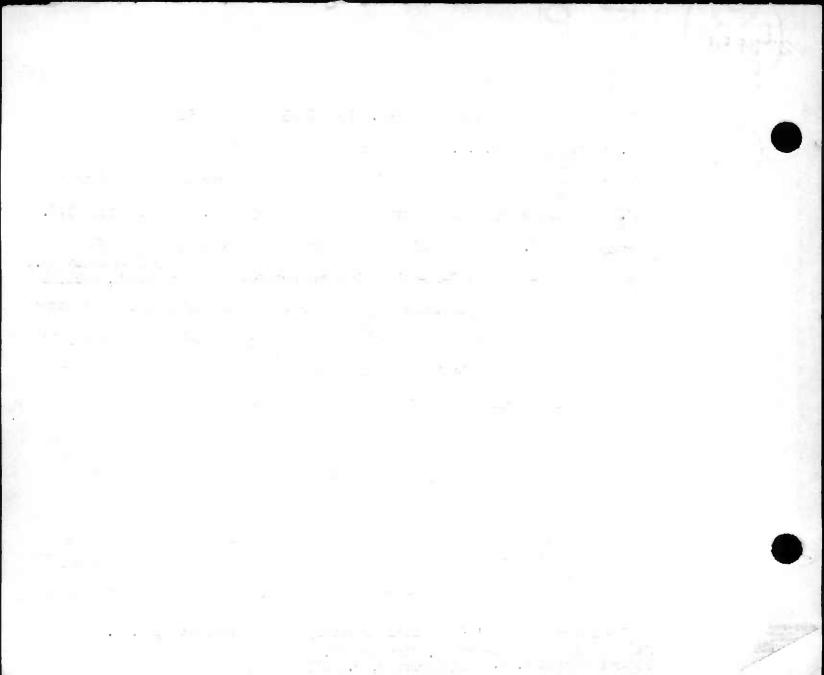
TO FUNERAL DIRECTOR. After this certificate has been signed by the uncompanients. Pages 1 and a smooth be should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and a smooth buriol transition or removal.

With the State Dept. of Health and Amental Higher prior to buriol, cremation, or removal.

WHAPRIANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examination of prior in the prior prior in the TO HOSPITAL OR ATTENDING PHYSICIAN: T retained by the hospital or attending physici

BP	
DHMH - 16 50M 4/83	ļ
(VRA 15, 4)	

	REGISTRAR		CERTI	IFICALE OF DEATH	REG. NO.	
	DECEASED NAME FIR	ST	MIDDLE	LAST	20. DATE OF DEATH MON	
(1	YPE OR PRINT) Florence	ec N	. Corne	//	8-	5-85 /2:PM
3	SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
	Female	Talle	ite Feb		02	MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIG		WHAT COUNTRY? 8.		9 BALTIMORE CITY OR CO	
	COUNTRY		S.A. WIDOV	IED NEVER MARRIED VED TO DIVORCED	mada	eas MD.
10.	S.Dakota		HOSPITAL, NURSING HOME	85	12a USUAL OCCUPATION	12b KIND OF BUSINESS OR
1	2 1/1 - 1	(IF NOT, IN SUC	CH FACILITY, GIVE STREET ADDRESS)	Day 1. T.	TYPE OF WORK FOR MOST OF WO	
2	SUAL RESIDENCE (IF DURSING HI	CUITST	W SY COULD C	are Cenero	Teacher	Education
13	a. STATE 13b.	COUNTY	13c. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF	
L		ontgomery	Silver Sprin			sure World Blvd.
14.	FATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN NA	WE WIDDIG	halded-
	George	G.	Newell	Eve .	Jessie	K •
160	WAS DECEASED EVER IN U		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	303 Waterway Dr.,
	IYES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	579-60-4219	Florence John	nson Falle	Church Va/220hl
F	18 CAUSE OF DEATH (Er			1.20101100 0011		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L	PART I. DEATH WAS C	AUSED BY:	Al, Va	as mall	malling	MAIL DAY
L	IMM	EDIATE CAUSE (o)	Course !	oro num	1 para	mey / coll
L		DUE TO,	R AS A CONSEQUENCE OF	Via Mary	/ Kosco	1 Ja UDS
L	Conditions, if any, whi gove rise to immedia		CERCULOSCELLO	He / Thank	Choca te	00 10
	couse (o), stoting t	the DUE TO, Q	R AS A CONSEQUENCE OF	0 13.6	100	DF.N
L	underlying couse lo	ost. (c)	Jewer all 3	ed Corverse:	screnosis	00 7ES
L		ANT CONDITIONS	ONTRIBUTING O DE ANH BU			ON GIVEN IN PART I
NOTE OF THOM	Cereuron	researce	1 0284	Julience C	Chronic W	au syndroke
13	190 DATE OF OPERATION	196. COND	ITION FOR WHICH OPERAT	ION WAS PERFORMED		IF YES, WERE MINDINGS USED CERTIFYING CAUSES OF DEATH?
				,	YES NO	YES NO
18	21a, ACCIDENT WAS UNDERLY				RED (ENTER NATURE OF INJURY IN	TEM 18 PART (OR PART 2)
				1		
MEDICAL	(# EITHER, NOTIFY MEDICALEX		.M. 19 OF INJURY	211 LOCATION		
100		LAT HOME ST	REET, FACTORY, OFFICE, FARM ETC)	STREET	CITY OF TOWN	COUNTY STATE
			1			
ı	22a.1 certify that (I) (this		//		, to	, 19, that (I) (we) lost
ı		did not) view the body			death occurred on the date of	and hour and from the causes stated
L	226. SIGNATURE	7/6	/	DEGREE		221. DAYE SIGNED
	Murent	- 100	MIGO MI	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0 8/6/85
1	224 PHYSICIAN'S NAME	(TYPE OR BRINT)	00	772 ADDRESS	1 /	10 Y 10 1
L	HENRY (- SCRUC	665 MD	154/3 CRC	dar Lane	retuesda Ind
23	BURIAL, CREMATION, REM			CEMETERY OR CREMATORY	23d. LOCATION	
	(SPECIFY) Crematio		/185 Lee's	Crematory	Washington	D. C.
24	ELINED APPOIDECTOD			25a DA1	TE REC'D. BY REGISTRAR 25b.	
	torosabell.	sandison	316 ABess Diamo	ond Ave	0 4000 44	Timber Bordelle
1	Gartner Sandi	son F. H.	Gaithenahung	- Ma 20878410 "1	THE RESIDENCE CATCHARTOR	North Editors



by the attending this case of completely filled in by the funeral director page ose remove cartering the contractor of the deal should be follows that no file deal is cremotion, or a more than 12 hours offer deal is cremotion, or a more than 12 hours offer deal is cremotion.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR DEPARTMENT OF HI
1 - STATE
REGISTRAR
CERTIFI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 3 2 6 5

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).	
1 DECEASED NAME	RST MIDDLE		AST	20 DATE OF DEATH		26 HOUR
(TYPE OR PRINT)	LBERTA JERUSHA	COTTON		AUGUST 4	1985	3:48 a
. SEX	4. RACE	5. DATE C		6. AGE JIN YEARS LAST BIRT	MONTHS DAYS	
FEMALE	BLACK	FEBI	RUARY 14 1912	73	YRS.	HOURS MIN.
a. BIRTHPLACE (STATE OR FORE	GN 76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
JAMATCA	CUBA	WIDOWE	_	MONTGOM	ERY	MD
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	170 USUAL OCCUPATIO	ON 12b KIND	OF BUSINESS OR
BETHESDA		L HOSPITAI		RETIRE		Y
JOUAL RESIDENCE (IF NURSING	OME OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)				
		Y. CUBA	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	14499
FATHER'S NAME			15 MOTHER'S MAIDEN NA			
FIRST		AVIS	POCETT	A THOMPSON	1 ·	AST
WAS DECEASED EVER IN		IAL SECURITY NO.	17 INFORMANT	A THOMPSON	SS	
(YES, NO OR UNKNOWN) (II	YES, GIVE WAR OR DATES)	-02-1912	CARMEN A.CON	TOAT DO 1707	TDATION DAD	IZ II C NIA
	nter only one couse per line for to			TANAMO BAY C		XIMATE INTERVAL N ONSET AND DEATH
5	CANT CONDITIONS CONTRIBUT					
190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	706 IF YES, WERE FIND IN CERTIFYING CAUSE	
4 AUG 85		ABDOMINAL		YESY NO	YES 🔽	NO 🗌
OR CONTRIBUTING CAUS	110110 111 1101	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	FIN ITEM 18 PART I OR PART 2)	
S (IF EITHER, NOTIFY MEDICALE		19		CD CO.		
(IF EITHER, NOTIFY MEDICALE 21d INJURY OCCURRED WHILE NOT WHILE	(AT HOME, STREET, FACTOR		211. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
AT WORK AT WORK	tund .			Lilottom	7 0 5	
	s hospital) attended the decease	0.5		to_AUGUST		, that (I) (we) last
- ODOVE_II) [we] [did]	dive on AUGUST 4	th.	nd that in (my) (aur) apigian	deoth occurred on the do		
Th SIGNATURE	1)0	DEGREE ATTENDING	MENICAL STAF		E SIGNED
Mand 1	Mercy	2		MEDICAL STAF		6/15
234 PHYSICIAN'S NAME			22e ADDRESS NAVAL	HOSPITAL, N	AVAL MEDICA	L' COMMAN
A A MARTI	CAPT, MC, DSN		NATIONAL CAR	PITAL REGION	, BETHESDA,	MD 2081
30 BURIAL, CREMATION, REA	AOVAL 736 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
(SPECIFY) BURIAL	AUG 08, 198	35 Naval	Cemetery	Guantanan	o Bay, CUBA	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Capitol Funeral Service, Falls Church, VA

250 DATE REC'D'. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ANG OO. 1985 Mayel Cemeters

tenital tureral terrice, Falls Cauren, TA

Europiano Jay, (Kink

228164

rol director page 3

attending physicio

injury, or other troumatic event.

18 shows

MPORTANT: If them 21 is marked or them.

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HAY CERTIFICATE OF DEATH	REG. NO	3 4 0 0
	CEASED NAME FIRST	MIDDLE	LAS!	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
litre	ANN		Cravens	0	1 85 \$50 p.m
3 SE)		4 RACE	5. DATE OF BIRTH	6 AGE JIN YEARS LAST BIRT	HDAY) IF UNDER YEAR IF UNDER 24 HRS
	emale	Black	May 6, 1925	60	YRS
7a Bli	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	MON+	go mery MD.
	ty or town of death ethesda	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Subuyban)	ing home or other institution and the spital		WORKING LIFE) INDUSTRY anagement Co.
13a S	ALRESIDENCE IF NURSING HOME OR ITATE . 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	WE ADMISSION) WN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / 600 New Yo	ZIP CODE Fk Ave, N.E.
14 FA	THER'S NAME	MIDDLE: LAST	15. MOTHER'S MAIDEN NA	ME	LAST
	Joseph	Timb	ers Marth		Johnson
	VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166. SOCIAL SEC (E WAR OR DATES) 577-4	2-2731 Blanche B	viscoe 752	2 Broadway Fallschure
Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	Il cell lung !	AINAL DISEASE OR COND	DITION GIVEN IN PART I (a
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH (19	17	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC.) 21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE
	saw the deceased alive an	l L. Bender	4-	MEDICAL STAF	
	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE

DHMH - 16 60M 7/84

should be detached for use as the buriol-transit permit. Then please tem swith the State Dept. of Health and Mental Hygene prior to buriol, cremo swanths State Dept.

Burial

7 Juneral Service ADDRESS 605 So Shirlington 250. DATE REC'D. BY REGISTRAN 250. REGISTRAN'S SIGNATURE

Allington, VK. AIR 1 1 1005 24 FUNERAL DIRECTOR

(VRA 15, 4)

TO HOSPITAL

BP

	FOR	
-	STATE	
	REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Seem.	V	Lug	O	

Г	- STATE REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG.	NO.			
	DECEASED NAME	FIRST		MIDDLE		LAST	2	a DATE OF DEATH		DAY	YEAR	26 HOUR
1	TYPE OR PRINT)	VILLIA	IM R	ORFRY	- CRI	CHTON			8	30	85	9:01 PM
3	SEX	4	RACE	9-1-	5. DATE O	OF BIRTH		AGE (IN YEARS LAST	BIRTHDAY)		DER 1 YEAR	IF UNDER 24 HRS
L	Male		Whit	8	No	v. 24, 191	YEAR	73	YR	MONTH	DATS	HOURS MIN.
17.	BIRTHPLACE (STATE OR F	FOREIGN 71	CITIZEN OF	WHAT COUN	JTRY2 8	D NEVER MARK	9	BALTIMORE CITY			HTAS	
1	Penna.		USA		WIDOWI		CED []	Monte	zomer	y Col	inty,	MD.
10	CITY OR TOWN OF DEA	ATH 1	1. NAME OF		URSING HOME	OR OTHER INSTITUT	ION I	20 USUAL OCCUPA	ATION	12		F BUSINESS OR
Į.	Damascus		2572	1 Vall	ey Park	Terr.		Coal Mir		AG (IRE)	NUUSIKT	
F	SUAL RESIDENCE (IF NURS	ING HOME OF O	THER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	A 124 INICIDE CITY I	uurea lu	1 PTDEET ADDDEE	C / 710 C	000	14	949
1	Penna.	Cambr		Port		YES NO		30 STREET ADDRES	tin A	ve.	//15	946
14	FATHER'S NAME					15 MOTHER'S MA						
1	James		DDLE	Cricht		FIRST	tella	WIDDLE		D	emi IAS	17
16	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?		SECURITY NO.	17 INFORMANT		ADI	PESSO1			ark Terr
1	(YES, HOOR UNKNOWN)	(# YES, GIVE Y	WAR OR DATES)	377-0	9-0536	Thomas I	N. Cri	chton.	Damas		Md.	
F	THE CALISE OF DEAT	H (Enter poly	one cours per	line for to 1	hi and ic. i	1 -12		, ,	- Clande	Jub		MATE INTERVAL ONSET AND DEATH
Н	18 CAUSE OF DEAT PART 1. DEATH W			4	00.	DI water	11.1	##	4:1		0	
ь		IMMEDIATE	CAUSE to	VCUMEN	was to	T WICLEY UM	a exorner	y work are	VILLEVILLE	20	COY	lors.
Ю	The same of		DUE TO, O	R AS A CONS	SEQUENCE OF	,						
Г	Conditions, if any,	which	(b)									
	gove rise to imm	nediote										
	couse (a), statin		DUE TO, O	R AS A CONS	SEQUENCE OF							
	and any mg course	1031	(c)_									
١.	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CO	NOITION	GIVEN IN	PART 1	D
	190 DATE OF OPERA											
1	190 DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?				OF DEATH?
								YES NO		YES [NO 🗆
	210. ACCIDENT WAS UNE		216. TIME O		d DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF IT	YJURY IN ITEM	18 PART T	ORPART 2)	
1	OR CONTRIBUTING		P.		1 DAT TEAR							
	CIF EITHER, NOTHY MEDI		21e PLACE			21f LOCATION						
1	TATAL TATAL	THE [(AT HOME STE	REET FACTORY, C	OFFICE, FARM ETC 1	STREET		CITY OR	TOWN		OUNTY	STATE
	22a certify that (1)		in a second at at		- 80	28	05	Bucut	- 20	100	~	al
L	sow the decease			29		nd that in (my) (oninion de	onth occurred on the	date and	how and	from the	course stated
П	obove, (I) (wa) ((did not	view he body	after death.	, 0		opinion de		dole olid			
ı	226 SIGNATURE	1	11-	-		DEGREE	NDING /	MEDICAL S	TAFF		22c. DATE	SIGNED
I		Claron	411	raus	n /	PHYS	ICIAN W		SICIAN [luzus	T 31 1985
ı	22d. PHYSICIAN'S NA	AME (TYPE OR F	PRHITTI	-		ADDRESS				C .	0	120910
L	/	4ADON	1 # 1	RAUN	n wD	8915 (70	PEOLA	Aug Sil	ser s	Orm	a Mh	ruland
23	Ba. BURIAL, CREMATION,	REMOVAL	236 DATE		230 NAME OF	EMETERY OR CREM	ATORY	23d LOCATION		1 1	1	1
1	Burial		Sept. 3	,1985	St.	Mary's		Porta	ge, C	ambr	ia. I	Pa.
2	FUNERAL DIRECTOR						25a DATE	_	AR 25b REC	GISTRAR'	SSIGNAT	0.16
	NAME Olin I	. Mole	sworth	, P. A.	PESS Damas	cus, Md.	SEP	3 1085	richa	David	bon-1	andelle
1								U NOV	N			-

DHMH - 16 60M 7/84 (VRA 15, 4)

shout the detached for use as the burial-transit permit. Then plea: with the late Dept. of Health and Mental Hygiene prior to burial, WPORTANT: If them 21 is marked or them 18 shows any

AT DIR TAY OF HE SEE TO VOTED IN THE SEE A SEE A SEE AND THE TAY Transfero . Transfero freeze . in the second of the and 3 - the walls while we had been and

Time and the second of the sec

BALTIMORE, MD. 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

07/84 25M

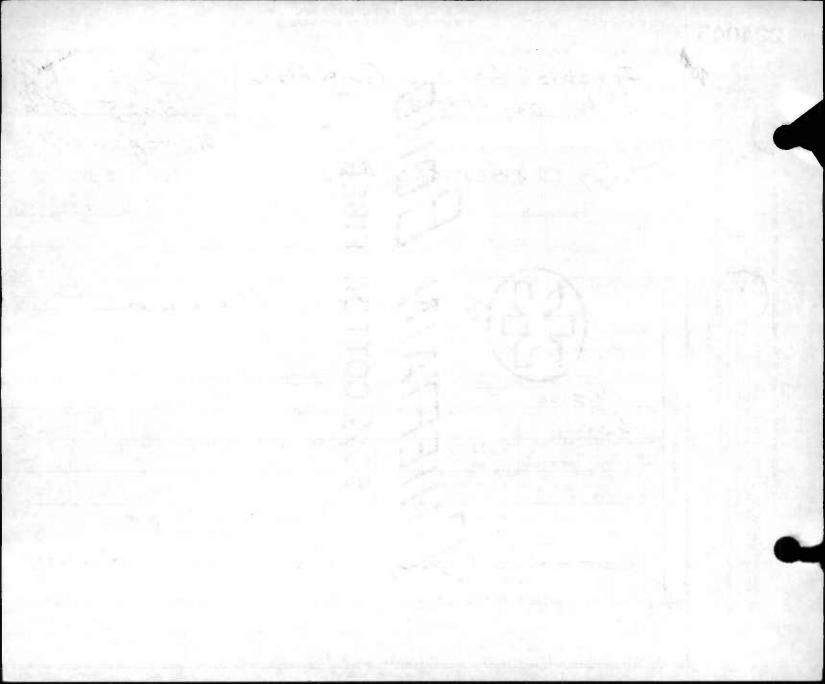
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

200	- 2		300	
Z	3	6.0	0	

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

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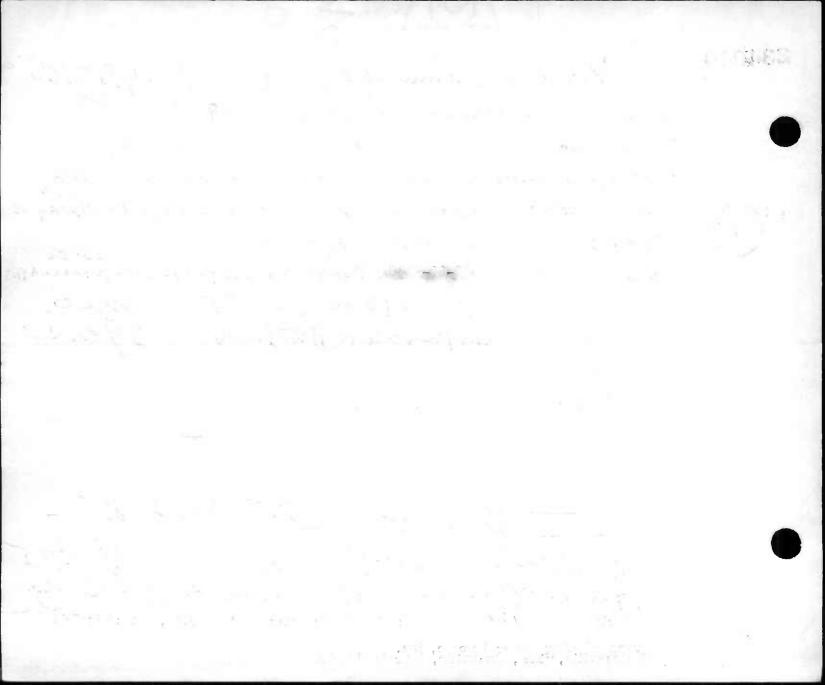
	In .	REGISTRAR			REG. NO.	
- 4		CEASED NAME Ignazio	Louis	Succhiara d	Jr. OF ESTI	TH DAY YEAR
58 H 10		Innatila	Lowis 1	wee hisy	A.T. DEATH MATED	5 1987
TREE	3 SEX	4 RACE	S. DATE OF BIRTH 6. AGE (IN YEA	RS IF UNDER 1 YR. IF UNDER		H DAY YEAR HATTINI
ON STREET,		so us	MONTH DAY - YEAR LAST BIRTHDA	MONTHS DAYS HOURS	MIN PRONOUNCED DE AD	E 6
NE /	7a B1	RTHPLACE (STATE OR	7b. CITIZEN OF WHAT COUNTRY?	5.	- 19 BALTIMERE CITY OF COL	INTY OF DEATH
WITHIN 72	FO	REIGN COUNTRY)		MARRIED NEVER MARRI	ED 🔠	The second secon
^ > _	NE	YORK TY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCE	12a USUAL OCCUPATION (TYPE OF MOR	A MIND OF BUSINESS
SEE /	10. C1	OL/ O	(IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS)	, OR OTHER INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUSTRY
RDS.	(, Upg	124/5 B/nh,	1 Koly	Meat Cutter	Food Store
98	13a S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN		13e STREET ADDRESS Md. 2	0902
子が	Ma	ryland Monto	omery Wheaton	YES NO 💢		Rd. Wheato
72	14. F.A	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDE	N NAME MIDDLE	LAST
35/6/	To	mazio	Louis Cucchiara	Hilda	Fav	Shuey
az I	16e. V	AS DECEASED EVER IN U.S. ARM	ED FORCES? IN SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS	-
200		res. No. or unknown) (if yes, give v $11-3-$		Mary Lis	ederick, Md. 21 a Cucchiara 940	701 7 Boulder E
M.S.			one cause per line far (a), (b), and (c).)	mary ma	1 Cucciniaia 540	APPROXIMATE INTERVAL
34		PARTIDEATH WAS CAUSED	BY:	Ch 1 "	11.11:	BETWEEN ONSET AND DEA
550		IMMEDIAT	CAUSE (0) CAUSE	- UNVES	ALCONE III AM	
作をあ			DUE TO, OR AS A CONSEQUENCE C	OF .		
が		Conditions, if any, which gave rise to immediate	(b)			
Ző		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE C)F		
N Z		lying couse last.	(6)			
¥ ¥		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN PAR	Tla	
CREM.	Z	None	,			
	¥	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?
BURIAL	55	Mornal				
	CERTIFICATION	21g EXTERNAL CAUSE WAS	216. TIME OF INJURY	1214 HOW INTURY OCCUPRED	CENTER NATURE OF INJURY IN ITEM 18 PART I OR	
1857	0	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR		, , , , , , , , , , , , , , , , , , , ,	, m, ,
A A C	5	CONTRIBUTING CAUSE OF D		211 LOCATION		
DE	MEDICAL	WHILE O NOT WHILE O	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
120 120		WHILE NOT WHILE AT WORK				
D, 2			of the remains described above, held an	Autopsy , Inspection	X, Inquiry . and in my	00,000
AH		The second secon	10			оринон
RYL		death resulted from Natura	Couses 25. Accident L. Sui	cide . Homicide .	Undetermined manner,	
WARY!		ACTUAL /	PI	TITLE (SPECIFY)	DA:	red was
DEATH, NORE, A		SIGNATUIL	+ (97)	M.D. 12921	MEDICAL EXAMINER SIG	XEN 1978
AFTER DEATH BALTIMORE,	1/3	MINER'S NAME		V		
T [EE		(TYPE OR PRINT)		ADDRESS		
A A A	23a B	URIAL, CREMATION, REMOVAL 23	DATE 23c. NAME OF CEN	METERY OR CREMATORY	23d LOCATION	OUNTY STATE
	8 .		8-8-85 Resthav	ren Memorial	ds. Frederick	Fred. Md
		IN ICO AL DIDECTOR			EC'D. BY REGISTRAR 256 REGISTRAR	
17 AE (5))	0				1985 Juliu duya	len-yardalas de
(0))	LU	DOSSUMTOWN Pl	ce, Frederick Md.	21701		



1	FOR - STATE	DEPAR	RTMENT OF HEALTH AND MENTAL H	YGIENY 2 3	269					
L	REGISTRAR Virdella	a Cummings	CERTIFICATE OF DEATH	REG. NO.						
	ECEASED NAME FIRST	ela Mogle	mind P	20. DATE OF DEATH MONTH	13/91 1018					
3 SE	x	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOLY)	WUNDER I YEAR # UNDER 24 HRS					
1 1	Female	Caucasian	MONTH DAY YEAR 07	77	MONTHS DAYS HOURS MIN.					
70 B	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y2 8	9 BALTIMORE CITY OR COUN						
	2 nosy L Vania	US	MARRIED ☐ NEVER MARRIED ! WIDOWED ▼ DIVORCED [ery M					
	ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR					
K	ensington		ENOT nursing Ho	ME HOUSEWIFE	· N/A					
130.	JAL RESIDENCE IN NURSING HOME OF	NTY 136 CITY OR TO	DWN 13d INSIDE CITY LIMITS	136 STREET ADDRESS / ZIP CO	//					
-	ATHER'S NAME		15. MOTHER'S MAIDEN	NAME						
1	DAVID	MIDDLE De W	alt UNKNO	MIDDLE	LAST					
	WAS DECEASED EVER IN U.S. AF		CURITY NO 17 INFORMANT	ADDRESS	20850					
	(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 233-90-	-7786 DONNA W	Jarkley - 580 C	College PARKWA					
	18 CAUSE OF DEATH (Enter of	nly one cause per line to up to	and ic -		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSE	ED BY:	Telliac In	CRETT	minte					
	IMMEDIA	TE CAUSE (o)		h .	4					
	Conditions if any stick	DUE TO, OR AS A CONSEC	QUENCE OF A	Viscon	Syear					
	Conditions, if ony, which gove rise to immediate	(b) <u>Cev</u>	John China	1-2-4	1					
1	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	QUENCE OF		*					
		(c)								
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING IS	O DEATH BYT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION O	at their					
18	190 DATE OF OPERATION	THE CONDITION FOR WHILE	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED					
CERTIFICATION	178 DATE OF OPERATION	178 CONDITION TOR WITH	CH OPERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?					
- 5	71m. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	11/ HOW IN HIP OCC	URRED (ENTER NATURE OF INJURY IN ITEM	YES NO					
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	OKKED (ENIEK NATURE OF INJURY IN HEW	8 PART (OR PART 2)					
Ş	(IF EITHER NOTIFY MEDICAL EXAMINE		19 211 LOCATION							
MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CITE OR LUMP	COSMIT STATE					
	MHILE NOT WHILE AT WORK	1		2 0/12	9					
1	220 I certify that (I) (Illia Inc.)	V / / 7	4	1 10 0//2	_ 19, that (II (we) las					
	scor the Miceased slive or above, (I) and (did talks	19 att view the bydy offer death.	ond that in (my) (our) opini	on death occurred of the date and l	nour and from the couses stated					
	27% SIGNATURE	/	DEGME	/	THE SIGNED					
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										
1	1 11 11 11 11									
1	THE PHONE THE MENT TIME	The same	72e ADDRESS	31.	() (/ /)					
	L.C.N	Add L 214	720 ADDRESS	Thursto D	1 Calmeto					
23e	FILL OF MATION BEADVA		~ 50W. t	Thurt D	of Rhila					
23o.	BURIAL CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATOR Nethkin Hill Cemete	23d LOCATION Elk Garden,	West Virginia Ale					
	BURIAL, CREMATION, REMOVAL (SPECEY) Burial	27a SAIE 8/19/85	Nethkin Hill Cemete	ery Elk Garden,						
	FILL OF MATION BEADVA	27a SAIE 8/19/85	Nethkin Hill Cemete	ery Elk Garden, DATE REC'D. BY REGISTRAR 256 REG						

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician of should be detached for use as the burial-transit permit. Then please remove carbon papers. Pay with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removyl.



VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	. 2 .
AN: The law requires that the death certification to executed within 24 hours after death. Fags 4 may be	moy be
hhysicion.	
ricate has been signed by the greater of the condition on a completely medition in the condition of the cond	Iter death
l Hygiene prior to buriol, crematell, ar manal	

CTATE OF MADVIANO

6)	7	- 3	1	1
Brest	V	lin		0

FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. NO	3 4.	/ 4	
I DECEASED NAME FIRS		AIDDLE	_	AST	20 DATE OF DEATH	AONTH DAY	YEAR 2b	HOUR
HEMAN			CL	MIN	8	2-12-	85	1 AM
3 SEX	4 RACE		5. DATE C		6 AGE LIN YEARS LAST BIRTH	MONTHS		UNDER 24 HRS
Male	Caucas	sian	Jan		83	YRS.		
BIRTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8 MARRIE	D W NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF D	EATH	
Russia	U.S.	A.	WIDOWE		Mont	90m2	74	MD.
Bethesda	(IF NOT IN SUC	HEACILITY, GIVE STREET		DR OTHER INSTITUTION	128 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Professor	WORKING LIFE) IN	KIND OF BU DUSTRY Univer	
STATE Maryland	ome or other institution. COUNTY Montgomery	GIVE RESIDENCE BEFORE 13(CITY OR TOW Bethesd		13d Inside City Limits? Yes \(\text{NO \(\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fint}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\fin}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}{\fint}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frace{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\fra	13e STREET ADDRESS / 5700 Nichol		ie 20	852
Eliezer	MIDDLE Cur	nin last		IS MOTHER'S MAIDEN NAME FIRST Rachel	WE		LAST	
160 WAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	is		
NO NO	TES, GIVE WAR OR DATES)	577-42-5	399	Ruth Cunin,	5700 Nichols	son Lane	,Bethe	sda, Md
PART I. DEATH WAS C IMM Conditions, if ony, whis gove rise to immedia cause (0), stating til underlying cause lo	DUE TO, OF	R AS A CONSEQUE		nea			8 00	75
PART 2. OTHER SIGNIFIC. CALCULATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	whice carde	Evanula	u di	NOT RELATED TO THE TERM NOT RELATED TO THE TE	0. 0	20b. IF YES, WEN IN CERTIFYING	E FINDINGS CAUSES OF I	
OR CONTRIBUTION CALLER	OF DEATH HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OF	R PART (2)	
OR CONTRIBUTING TO AGE (IF EITHER NOTIFY MEDICAL EX. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (OF INJURY SET FACTORY, OFFICE F	ARM ETC)	21L LOCATION STREET	CITY OR TOW	'N CC	OUNTY	STATE
220.1 certify that (1) (this saw the deceased all aboye, (1) (100) (did) (c) 220.5 (ONATURE	11/11	19		nd that in (my) (one opinion of DEGREE	death occurred on the dat		,	
22d PHYSICIAN'S NAME	Seem	for	>	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICI	F _	12 an	785
	TYPE OR PRINT)	D		4743 Bradley	Blvd., Che	vy Chase	e, Md.	20815

BP.

TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Hea

IMPORTANT. IF IN

DHMH - 16 60M 7/84 (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL ISPECIES Burial 236 DATE Aug. 13, 1985

23C NAME OF CEMETERY OR CREMATORY King David Cemetery

23d LOCATION

STATE Va.

24. FUNERAL DIRECTOR

Ives-Pearson Funeral Homes Arlington, Virginia 22201

Falls Church, Fairfax,

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

23272

0022		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	ALCOHOL: NO
Singel		OR PRINT)	MIODLE H.	DALY	20 DATE OF DEATH MONTH	3 625 625 M
2 0	3. SE	ALE	4. RACE CAUCASIAN	OCT 30, 1910	6 AGE (IN YEARS LAST BIRTHDAY) 74 YRS	IF UNDER I YEAR IF UNDER 24 HRS
41	7a. 81	RTHPLACE (STATE OR FOREIGN ASHINGTON, D. C.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY MONTGOMERY	
	10 C	TY OR TOWN OF DEATH AKOMA PARK		MIDOWED WY DIVORCED GHOME OR OTHER INSTITUTION APPRESS) NTIST HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE SALES-PAPER SUPP	IZE KIND OF BS:INTREEDA INDUSTRY & SONS
100	130 M	ARYLAND MONTO	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NITY BUMERY SILVER S	PRING 13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP COD 12622 EASTBOUR	
11/6/	14. F.A	THER'S NAME FIRST WTIITAM	MIDDLE LAST W. DALY IR	15 MOTHER'S MAIDEN NA	WIDDLE	LAST HARRIS
L. Poges medical	(VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES GIV YES WW 1	VE WAR OR DATES)	DAUGH	TER ADDRESS 7287	D. COACHLIGHT (
physics emploper ement, th		PART I. DEATH WAS CAUSE	nly one couse per ne for (a) (b), one ED 8Y: TE CAUSE (a)	tory faile	ng	BETWEEN ONSET AND DEATH
attending bye carls shor, or r raumatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF ande	decides	Days
d by the lease tol, crim or oth		couse (o), stating the underlying couse lost	DUE TO, ORAL COUSEQUE	meros andon d	49866	wast
Then plant to burniury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	D <u>EATH</u> BUT NOT RELATED TO THE TERM	inal disease or condition gi	VEN IN PART I o
hos bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
errificote		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
ter this c is the bur h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC) 21f LOCATION STREET	CITYORTOWN	COUNTY STATE
for use of Health		sow the deceased alive or	tol) attended the deceased from 19	, ond that ih (my (our) opinion	deoth occurred on the date and ha	19, that \(\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overl
AL DIREC detached ote Dept. IT: If Nem		226 SIGNATURE	glaces.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8 14 PS
TO FUNERA should be de with the Stot		PANUEC	TTO COH	270 ADDRESS 10313 Silver Set	ing Md. 209	#307
)		BURIAL, CREMATION, REMOVAL SPECIFY) BURTA		NAME OF CEMETERY OR CREMATORY ATE OF HEAVEN	SILVER SPRING	MONT STATE MD.
H - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR FRAN	ICIS J. COLLINS J. SILVER SPRING.	MD 20901 250. DAT		TRAR'S SIGNATURE Savidson-Rendale
1 4 101 101 11	1 7	UU UNIV. DLVV W	. DILLALL DILLIAG.	110. 60/01	- 1000	The state of the s

500 UNIV. BLVD. W., SILVER SPRING, MD. 20901

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF D	EATH	pe.	G. NO.			
	CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEA		DAY YEAR	2b HOUR	
(TYP	E OR PRINT) K	ennet	h	C		Davenpo	ort		Aug.	19, 1985	8:45 A	
3 SE	Х		RACE		5. DATE C			6 AGE LINYEARS L	AST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS	
1	Male		Whit	e	Nov.	27 ·	19 19	65	YR		HOURS MIN.	
70 B	IRTHPLACE (STATE OR F	OREIGN 7	b CITIZEN OF	WHAT COUN	TRY? 8	D NEVED W		9 BALTIMORE C				
Ke	entucky		U	JSA	WIDOWE	D NEVER M	ORCED TO	M	ontgom	oru	M	
10 C	ITY OR TOWN OF DEA	ITH 1			JRSING HOME C			120 USUAL OCCI	PATION	126 KIND C	OF BUSINESS OF	
Si	ilver Sprin	ig	2619 N	Sisqual	ly Court	20	0906	Retired	AOST OF WORKIN	Electi	coni co	
13a	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE			TY LIMITS?	13e.STREET ADDR	ESS / ZIP C		onres	
	ryland	Mont	gomery	211AG	r Spring	C.	NO 🗌	2619 N1	squal1	y Court	20906	
14. E.	ATHER'S NAME	M	IDDLE	LAS"			MAIDEN NAM	ME	DIE	LAS	S.T.	
9	Jeams	M	1. I	avenpo	rt		Edith			Gree		
	WAS DECEASED EVER		AED FORCES?	166 SOCIAL	SECURITY NO	17 INFORMAL			DDRESS		- 10 M	
	yes	ww1	T AR OR DATES	403-1	6-6591	Gregor	cy T. D	avenport.	-son-(same as 1	13e)	
	18 CAUSE OF DEAT	H (Enter ant)	y ane cause pe	r line for tal, (b	ol, and (c)					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH	
9	PART I. DEATH W	AS CAUSED		DIFFUS	E HISTI	060010	Lyon	Smark			FAR	
		IMMEDIATE CAUSE (a) DIFFUSE HISTIOLOGIC LYMPHOMA /YEAR										
	Conditions, if ony, which											
	gave rise to immediate cause (a), stating the DUETO OR AS A CONSEQUENCE OF											
-	underlying cause	last	(()	K A3 A COI43	LOOLINGE OF					-1-1		
	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 1	a	
CERTIFICATION						,						
8	190 DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		YES, WERE FINDIN		
E	25/21/20/20							YES NO	□kx	RTIFYING CAUSES YES	NO [
8	210. ACCIDENT WAS UND		21b. TIME C		DAY VEAD	21c HOW IN.	IURY OCCURR	ED (ENTERNATURE O	FINJURY IN ITEM	18 PART I OR PART 21		
A	OR CONTRIBUTING C		"	.M. MONTH	DAY YEAR	-						
MEDICAL	21d INJURY OCCURR		21e. PLACE	OF INJURY		211. LOCATIO	N		00.10	COUNTY	STATE	
×	WHILE NOT WHILE AT WORK AT WORK AT WORK											
- 5	270 a Certify that (1) (this haspital) attended the decgased from 6/2/1/85, 19, 10, 8/19, 1985, that (1) (we) las											
	sow the deceased alive on										causes stated	
	22b. SIGNATURE	-A A	view the body	affer death.		DEGREE				22c DATE	SIGNED	
1	Tolere	VI.	ugn.	est /	MD		TENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF TYSICIAN [19/1	9/85	
	228. PHYSICIAN'S NA	ME TYPE OR	PRINT}			22e ADDRESS		FRITTI	11 8	7 11 -2	70	
	HUBERT	JA	10007	M.D		95	120	Somo	om	1 200	710	
23a	BURIAL, CREMATION,	REMOVAL	236 DATE		23¢ NAME OF C	EMETERY OR C	REMATORY	23d LOCATION				
	Burial		8/23	/85	Miami			Corw		Warren	Ohio	

BP.

TO HOSPITAL

TO FUNERAL DIRECTOR.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use os the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bi

MPORTANT: If Item 21 is marked or Item 18 shor

24 FUNERAL DIRECTOR

lines/Minaldi Funeral Home Silver Spring, Md.

AUG 20 1985 Julia Sundan Andrew





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AYGIENE

O.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
10 1.0	PECEASED NAME FIRST	fred O. Davis	LAST	20 DATE OF DEATH MONTH 08/	11/85 15 HOUR 7A
3. S	male	4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
1		WHITE	SEPT. 14, 1908	76 YRS	
100	BIRTHPLACE (STATE OR FOREIGN COUNTRY) OHIO	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	TIOTICACINETA	Y OF DEATH
Z.10.0	Olney	Montgomerysing	G HOME OR OTHER INSTITUTION STEEL	170 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING AGENT I.R.S.	
130.	Md. Md	AS OR OTHER INSTITUTION GIVE RESIDENCE BEFORE OUNTY 13c. CITY OR TOW ONTGOMERY SILVER	N 134 INSIDE CITY LIMITS? SPR. YES X NO	3305 SOLOMONS	_
50	FATHER'S NAME FIRST DAV ID	D. DAVIS	15 MOTHER'S MAIDEN N	MIDDLE	ABEGGLEN
160	WAS DECEASED EVER IN U.S		RITY NO. 17. INFORMANT	ADDRESS 11	716 REDWOOD DR.E
y, or other froomotic ever	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE 10, OR AS A CONSEQUE	NCE OF	Lyre	IVEN IN PART I In
CERTIFICATION	Pine 4 m	04:0	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF ETHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	FDEATH HOUR A.M. MONTH DA	19 211 LOCATION	YES NO NO NORTH NOTE NO TOWN	PART 1 OR PART 2) COUNTY STATE
2 7	22a.1 certify that (1) this h	ospital) attended the deceased from	7-24, 19 8- , and that in (my) (our) opinion	to # - / /	tho (1)(we) lost our and from the causes stated
	22d. PHYSICIAN'S NAME (TALBENTO	Stato TOTSZTAIN	ATTENDING	DIRECTOR PHYSICIAN	8/12/85
230	BURIAL, CREMATION, REMO (SPECIFY) CREMATION		AMBERS CREMATORY	7 O 73d LOCATION CITY OF TOWN RIVERDALE.	P.G.C. Md.
7/84	FUNERAL DIRECTOR NAME W. W. CHAMBLE	ADDRESS		ATE REC'D. BY REGISTRAR 256 REGIS	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AYGIENE CERTIFICATE OF DEATH

	ge 3	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, and 2 should be filed within 72 hours other death	
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d bu	certif	uriol-1	lentol
Hendi	r this	the b	ond N
0 10	· Afte	se os	Hiloa
spital	CTOR	for u	O H
retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3	ochec	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
by t	JERAL	be det	Stote
oined	FUN C	ould	th the
0	Y	45	3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

oth oth		CEASED NAME FIRST Mad	eline O.	Davis	to prite of perior	9 85 1:15AN
geld moy ector pog us offer de	3. SE	Female	4. RACE Black	S. DATE OF BIRTH MONTH DAY YEAR April 17. 1897	1	IF UNDER TYEAR IF UNDER 24 HRS.
where die	N	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNT U.S.A.	MARRIED NEVER MARRIED	Montgomery	MD.
filed with	1	OINEY	Montgomer	ry General Hospit	120 USUAL OCCUPATION 1 YPE OF WORK FOR MOST OF WORKING LIFT HOUSEWIFE	17b. KIND OF BUSINESS OR INDUSTRY None
thi tilled in 2 should be	130. 5	Md Mon	tg. Sil S			ck Rd,
d complet		VAS DECEASED EVER IN U.S. AR	Dorsey Sr. MED FORCES? 166 SOCIAL S	FIRST Marth SECURITY NO. 17 INFORMANT	ADDRESS	Johnson 12#1
e be exection oncers. Poge		No	213-0		ence D. Snowde	APPROXIMATE INTERVAL
ng physican pan pan pan pan pan pan pan pan pan p		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE 10)		ory ARREST	TERM.
by the ottendi by the ottendi se remove cor , cremotion, or other troumoti		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONST	POPEREDIAL ISOCK		12 hys.
equires the signed Then ples to burio injury, or	ATION	PART 2 OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GIV	EN IN PART Tro
he low richas been to permit inne priori	CERTIFICATI	190 DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
ng physic certificate riol-trons entol Hyg frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)
offending offending of the this of the bull though wheel or the dornard or the dornard of the do	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.) 211 LOCATION STREET	a of in	COUNTY STATE
ATTENDIS ospital or ECTOR: A d for use t, of Healt m 21 is ma	1	220.1 certify tha (1) (this hasp the deceased alive on ended) (did no	01 19	ond that in (my) (our) opinion	death occurred on the date and hou	
by the his ERAL DIRE e detoche Stote Dep	1	PHYSICIAN'S NAME (TYPE C	2 entre	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/19/85
TO HOSPITA retoined by TO FUNERAL should be de with the Stot	22	DONAL	DR. LEW	15 TO OLNE	4, 10 2083	7
BP		Burial Burial	236. DATE 8-23-85	Name of Cemetery or Crematory Hopkins Cemetery	Highland, H	oward, Md
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME GEORGE R. Snc	wden 246	N.Washington St. A	TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE

The Number of General Bases and The Company

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 23216

	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	81.4	, 0	
	I. DECEASED NAME FIRS		D.	L	Day	August 2			1:30P
,	3 SEX Male	4 RACE WHIT	2	APR	DE BIRTH IL 14 ^A , 1906 ^{AR}	6 AGE (IN YEARS LAST BIRTHDA		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIG COUNTRY) PENN •	76 CITIZEN OF V	VHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C Montgome		FDEATH	MD
1	Olney	Montgo	mery Ge	nera	or other institution I Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Delivery Man	ORKING LIFE)	12b. KIND O INDUSTRY BAKI	ERY
7		ONE OR OTHER INSTITUTION, O	GIVE RESIDENCE BEFORE A	PRINC	YES NO	13e.STREET ADDRESS / ZI 3850 BEL PR		D #5	20906
7	14 FATHER'S NAME FIRST MICHAEL	MIDDLE B.	DAY		IS MOTHER'S MAIDEN NAME FIRST FLOY	B.	SE	EBRING	ST
	(15) WAS DECEASED EVER IN U.	S. ARMED FORCES? (ES. GIVE WAR OR DATES)	716-10-9		DORIS A. WEI	ADDRESS IDMAN SAME	AS #	13	IMATE INTERVAL ONSET AND DEATH
	Conditions, if ony, whi gove rise to immedio couse (a), stating t underlying couse lo	ch (b) DUE TO, OR	AS A CONSEQUER	B	NOT RELATED TO THE TERM	IN ALDIE ASE OB CONDITION	ONLOWEN		who,
3	PART 2: OTHER SIGNIFIC				N WAS PERFORMED	20g AUTOPSY? 20	b. IF YES, V	WERE FINDIN	
1		OF DEATH HOUR A.A	A. MONTH DAY	YEAR	21s. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART	I OR PART 2)	
	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d IN JURY OCCURRED WHILE NOTIFYHILE AT WORK	21e PLACE C (AT HOME STRE	DF INJURY SET, FACTORY, OFFICE, FAI	RM ETC)	21F LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	220. I certify that (I) (this	hospital) attended the	ofter death.	25. or	DEGREE ATTENDING PHYSICIAN X 22e ADDRESS Olney, Md. 2	MEDICAL STAFF DIRECTOR PHYSICIAN		22c. DATE	
	230 BURIAL, CREMATION, REMO	AUG. 6			OD CEMERERY	WILL LAMSPO	RT I	LYCOMI	NG PENN

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detoched for use os with the Stote Dept. of Health IMPORTANT: If frem 21 is

FRANCIS H. BARBER

SPECIFYBURIAL

24 FUNERAL DIRECTOR

LAYTONSVILLE, MD. 20879

250. A GOC 5 BY RESSER 256. REGISTRAR'S SIGNATURE

LYCOMING

PENN.

WILLIAMSPORT





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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

obysicion and completely filled in by papers. Pages 1 and 2 should be filed

MPORTANT. If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR. After this should be detoched for use as with the State Dept. of Health

DHMH - 16 60M 7/84 (VRA 15, 4)

225041

FOR STATE

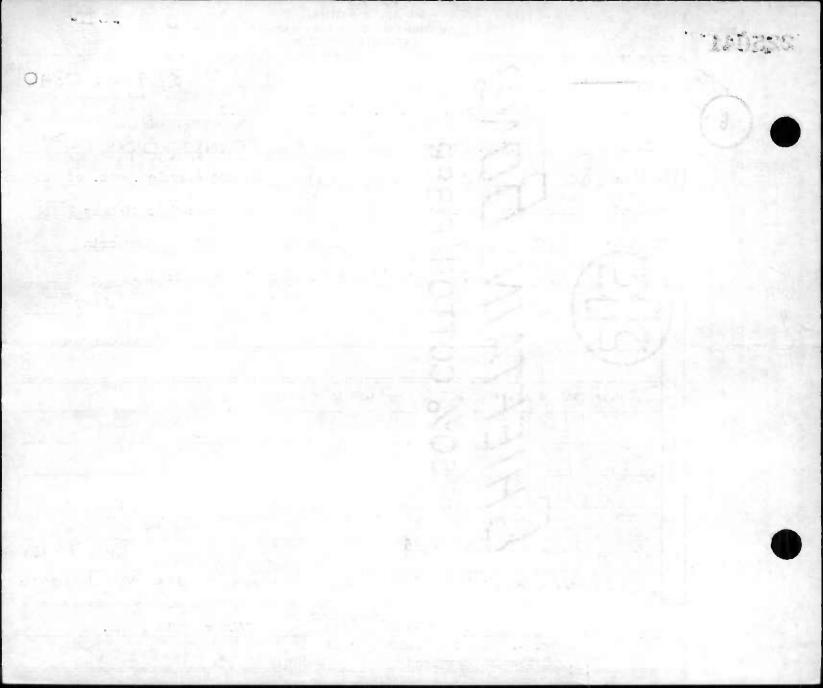
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PYGIENE

REG. NO

CERTIFICATE OF DEATH

THEF	OR PRINT)										
11175		oseph	Ň	IN	DeGr	azia		81	7/	85	0846
SE)	(4.1	RACE		5. DANS		6 AGE (IN YEARS LAST B	IRTHDAY)		ERIYEAR	IF UNDER 24 HRS
	Male		Caucas	ian .	Jan.	21,1892 YEAR	93	YRS	MONTH	DAYS	HOURS MIN
o. Bil	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8 AAA PRIE	NEVER MARRIED	9 BALTIMORE CITY			EATH	
	Italy		United	d States			man-	tar	N	210	County
0. CT	TY OR TOWN OF DEA	TH 11.	. NAME OF H	OSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA		121	KINDO	F, BIOSINESS OR
B	ethesd	a	Sc	HEACILITY, GIVE STREET	VIDE	Hospital	Research/D	evelc	p. De	pt.	of Defer
	AL RESIDENCE (# NURSI	13b COUNTY		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CC	DE		
Ma	ryland	Montgo	mery	Bethesda		YES NO X	4400 East			hway	20814
I FA	THER'S NAME					15 MOTHER'S MAIDEN NA	ME				
G	iacinto	NMI		eGrazia		Concerto	NMI		Nava	irria	1
	VAS DECEASED EVER			16h SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDI	RESS			
()	VES. NO OR UNKNOWN)	WW1	AR OR DATES)	579-12-2	2659	Mary V. DeGi	azia same	as 1	.3e		
	18 CAUSE OF DEATI	H (Enter only o	one couse per	line for (a), (b), an	id ic i	ISEMOLYTIC B	Wom/a			BETWEEN	MATE INTERVAL
	PART I. DEATH W	AS CAUSED B	Y: 9	UTOIMM	446	180110011100				004	
- }	Street, Square,	IMMEDIATE									
			DUE TO, OF	R AS A CONSEQUE	ENCE OF						
	Conditions, if ony,	which ((L)								
1			(b)							_	
	gove rise to imm	nediote g the		R AS A CONSEQU	ENCE OF						
	gove rise to imm	nediote g the		R AS A CONSEQU	ENCE OF						
NO	gove rise to imm couse (a), statin underlying couse	nediote g the lost.	DUE TO, OF			NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION (GIVEN IN	PART II	
ALION	gove rise to imm couse (o), statin underlying couse PART 2 OTHER SIGN A YOU	nediate g the lost.	DUE TO, OF	ONTRIBUTING TO	DEATH BUT		1206 AUTOPSY?				NGS USED
IFICATION	gove rise to imm couse (a), statin underlying couse	nediate g the lost.	DUE TO, OF	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	20s AUTOPSY?	20b IF 1	YES, WER	EFINDIN	GS USED OF DEATH?
EKILICATION	gove rise to imm couse (o), statin underlying couse PART 2 OTHER SIGN A YOU	nediote g the lost.	DUE TO, OF	ONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b IF Y	YES, WEF TIFYING YES [RE FINDIN CAUSES	IGS USED
	gove rise to imm couse (o), stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDO OR CONTRIBUTING	INFICANT CONTROL OF THE PROPERTY ING	DUE TO, OR (c) NDITIONS CO 196 CONDI 216. TIME OI HOUR A.M	TION FOR WHICH	DEATH BUT		200 AUTOPSY?	20b IF Y	YES, WEF TIFYING YES [RE FINDIN CAUSES	GS USED OF DEATH?
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	gove rise to imm couse (o), stofin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING COURT WEDIC (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	INTERPRETATION	DUE TO, OR (c) NDITIONS CO 19b CONDI 21b TIME OI HOUR A.A.	TION FOR WHICH FINJURY M. DE INJURY	OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b IF IN CER	YES, WEF TIFYING YES 8 PART 1 O	RE FINDIN CAUSES	GS USED OF DEATH?
	gove rise to imm couse (o), stolin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT (IF EITHER NOTIFY MEDIC	INFICANT CONTROL OF THE PROPERTY ING ALEXAMINER)	DUE TO, OR (c) NDITIONS CO 19b CONDI 21b TIME OI HOUR A.A.	TION FOR WHICH	OPERATION AY YEAR 19	N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	20b IF IN CER	YES, WEF TIFYING YES 1	REFINDING CAUSES	NGS USED OF DEATH? NO
	GOVE FISE TO IMPROVE TO STATE TO SET	PRELYING	DUE TO, OR (c) NDITIONS CO 19b CONDI 21b. TIME OI HOUR A.A. 21e PLACE (AT HOME STRI	TION FOR WHICH FINJURY M. MONTH D. DE INJURY EET FACTORY, OFFICE F	OPERATION AY YEAR 19 FARM ETC.)	N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	20b IF IN CER	YES, WEF TIFYING YES 1	REFINDING CAUSES	NGS USED OF DEATH? NO
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 246099 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN P MONTH DeL (TYPE OR PRINT) OF UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS 9 PRESTON STREET, DEATH MATED SEX IF UNDER 24 HRS DATE AST BIRTHDAY DEAD 70 BIRTHPLACE NEVER MARRIED FOREIGN COUNTRY) MARYLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS WORK TELEPHONE OPERATOR 20910 30. STATE 3d INSIDE CITY LIMITS? 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME ANNETA HESS WILLIAM DeLACY GIVE PAGES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT SISTER ADDRESS COLD BOTTOM ROAD 16b. SOCIAL SECURITY NO. DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-01-1822 EDNA A. COOPER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). d to the chief medical examiner along w should be used as a bural, transit permit. Partiment of health and mental Hygene, p fror to bural, cremation, or removal. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) DUE TO, OR'AS A CONSEQUENCE OF Conditions, if any, which EXAMINER gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . 216. TIME OF INJURY 2To. EXTERNAL 2To HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY Inspection 226. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Natural causes Suicide Hamicide L Undetermined manner

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU CERT ULD B TITLE (SPECIFY) SIGNAT MEDICAL EXAMINER JOHN S. ROGE AMMER'S NAME ADDRESS 1919 SEMINARY RD., SILVER SPRING, MD. TEPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION OUEENSTOWN ST. PETERS CHURCH BURTAL 8/27/85 07/84 BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE FRANCIS J. AD COLLINS DHMH - 17 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901 (VR A15 ME (5))

MARYLAND

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requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

233013 1 - FOR STATE REGISTRAR DEPAR

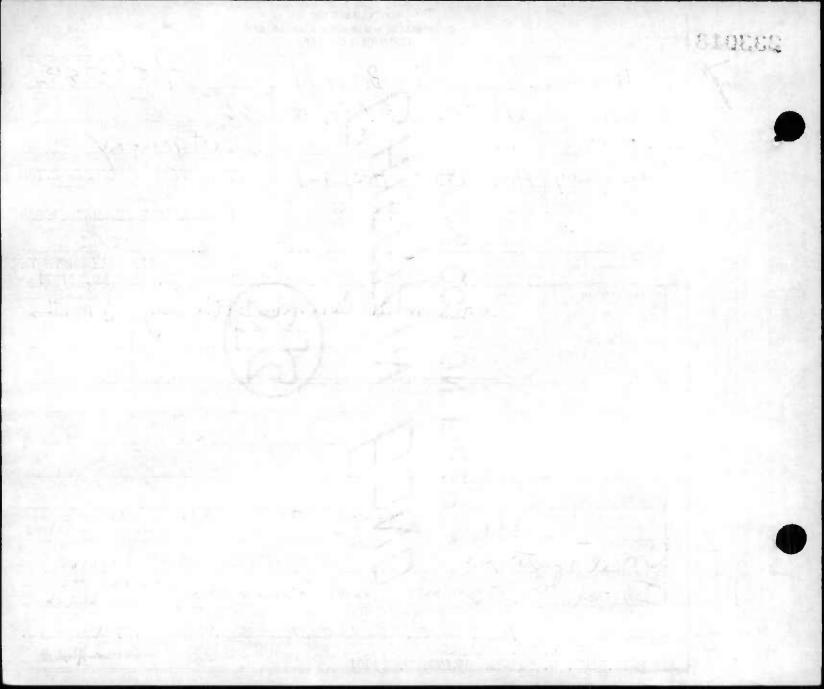
STATE OF MARYLAND	Q Sin
RTMENT OF HEALTH AND MENTAL	L HYGIENE
CERTIFICATE OF DEATH	

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T/	FATHER'S NAME FIRST "	IDDLE LAST	15 MOTE	HER'S MAIDEN NAME FIRST	MIDDLE		1AST_	
4	FRANCIS	DEL BORRELL		MARY	E.		DIBARI	
) 16a	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES GIVE	NED FORCES? 16b. SOCIAL SE WAR OR DATES)	CURITY NO. 17. INFO	SON	ADDR	4315	MOLESW	ORTH
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DHMH - 16 60M 7/E (VRA 15, 4)

BP.



1 - STATE REGISTRAR

233901

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

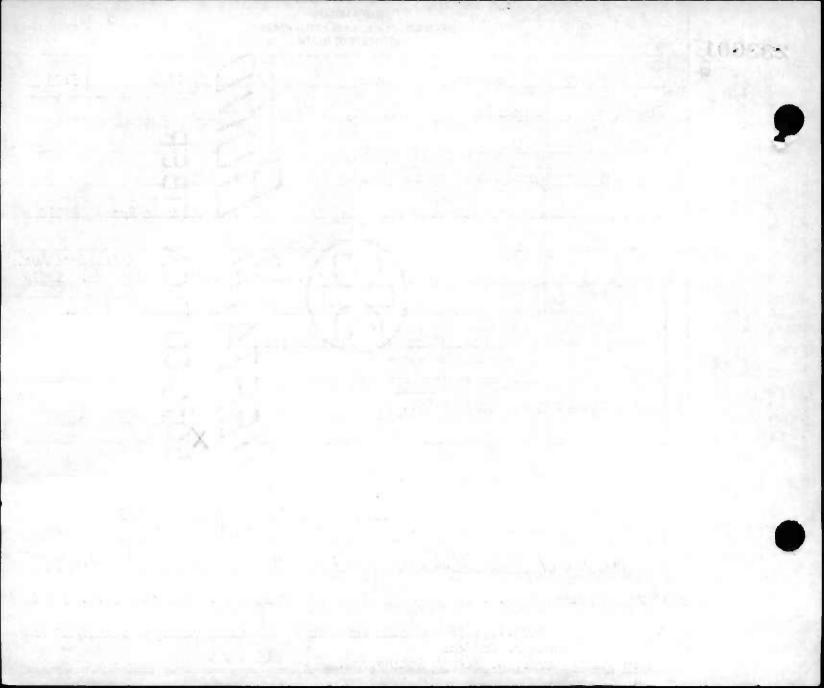
George Constant

/	REGISTRAR						REG. NO.				
	ECEASED NAME FIRST	1	MIDDLE	L	AST	2a DATE OF	DEATH MONTH	DAY YEA	AR ?	26 HOUR	2
	Mary	Mar	garet	Die	etz	Augus	t 8, 1985	5		5:00	0 M
3,58	EX	4 RACE		5. DATE C		6. AGE (IN YE	EARS LAST BIRTHDAY)	MONTHS (IF UNDER 2	24 HRS MIN.
	Female	Caucasi	an	March		92	YRS				711141
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	ew York	USA		WIDOWE	DIVORCED		tgomery				MD.
10 0	CITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL C	OCCUPATION FOR MOST OF WORKING			BUSINES	SSOR
	ensington				ursing Home	House	wife				
	JAL RESIDENCE (IF NURSING HOME STATE 13b. COL		13c. CITY OR TOW		13d INSIDECITY LIMITS?	13e STREET A	ADDRESS / ZIP CO	DE			
	aryland Mont	gomery	Silver:	Spring			Springual	e Roac	1	209	10_
14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME	WIDDIE		LAST		
1	Michael		Kirby		Margaret	-			ryar		
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT S	Son	ADDRESS 422	2 Missi	iss	ippi	Ave
No	0		074-20-	5248	Anthony G. Di	ietz	Silver Sp				
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4 5	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTO		YES, WERE FI			
CERTIFICATION						YES 🗆	NON	YES [ISES C	NO [
18	210 ACCIDENT WAS UNDERLYING	216. TIME O		AV VEAD	216 HOW INJURY OCCUR	RED (ENTERNAL	TURE OF INJURY IN ITEM	8 PART I OR PAR	T 25		
13	OR CONTRIBUTING CAUSE OF D			AY YEAR							
MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		CITY OR TOWN	COUNT			ATE
E	NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE	FARM, ETC)	STREET		CITA OK TOWN	COUNT	,	511	AIE
	22a I certify that (I) (this has	pital) attended the	e deceased fram	Ann	19.58	to Au	aust 8	1985	th	ot (I) (w	(e) last
	saw the deceased alive of	June 2	3 19	85	nd that in (my) (our) apinion (death accurre	d an the date and h	iour and from			
	obove, (I) (we) (did) (did i 22b. SIGNATURE	not) view the body	ofter death.		DEGREE _			17s. D	ATE SI	IGNED	
	Hentre	1/1/	- 6.0	11	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		81	00	-
+	228 PHYSICIAN'S NAME (TYPE	OR PRINT)	Core	00	22e ADDRESS	DIRECTOR	_ FITTSICIAIN _		1	0/0	9
	Harbart Wash	Par II D			1000 Eur Ctu	root N	ul ulardain	enton 1	0 0	00	007
230	Herbert Wechs BURIAL, CREMATION, REMOVA			NAME OF C	1800 Eye Str	73d LOCA	W. Washir	igron, i	/	201	006
	(SPECIFY)					CITY	OR TOWN	COUNTY		ST/	ATE
	urial FUNERAL DIRECTOR THOUSE			tnerar	Cemetery 1250 DATI	E REC'D BY R	le Villace EGISTRAR 256 REG	Je Que	NATH	New	Yor.
		cis J. C			A	11G 1 9	1985	J. KAK 3 310		Morke	1250
50	00 University B	Lua. W.	suver.	sprung	3. Md.	144 2 4	V				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

10 FUNERAL DIRECTOR should be detached for use with the State Dept. of Hea



star page 3 after death

dimetor deoth. executed within 24 hours ofter TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove corbanappers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, remainin, or removal. MAPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical certificote deoth TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. N	IO.	
DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
TYPE OR PRINTY	RRAINE ALDEN DOOL	FV	AUGUST	25 1985	5.32 a
SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEA	
FEMALE	CAUCASIAN	MAY 7 1931	54	YRS.	S HOURS MIN,
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	_ 9 BALTIMORE CITY	OR COUNTY OF DEATH	
MASSACHUSETTS	UNITED STATES	MARRIED X NEVER MARRIED WIDOWED DIVORCE		FDV	MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPAT	ION 126 KIND	OF BUSINESS OR
BETHESDA	(IF NOT IN SUCH FACILITY, GIVE STREE NAVAL HO		HOUSEWIF		Y
SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)			
ARYLAND ANNI		SONVILLEES O NO [∕ZIP CODE XENT RIVER F	ROAD 210
FATHER'S NAME		15 MOTHER'S MAID		VENI KIAFK L	NOAD 210
FIRST PD ANOTO	MIDDIE LAST	FIRST	JENNIE MAY SNO		AST
FRANCIS WAS DECEASED EVER IN U.S.	DUNHAM ARMED FORCES? 166 SOCIAL SECTION		JENNIE MAY SNO		
	GIVE WAR OR DATES) 020-24-	2050 D C DOOTE	V 2560 DATIVEN	T DIVER DOAT	
NO			Y 3560 PATUXEN		DXIMATE INTERVAL N ONSET AND DEATH
PART I. DEATH WAS CAU	only one couse per line for (a), (b), or SED BY.		VILLE, MD 210	35 BETWEE	N ONSET AND DEATH
IMMED	IATE CAUSE (0) OVARIAN	CANCER			
	DUE TO, OR AS A CONSEQU	JENCE OF		100	
Conditions, if ony, which	(b)				
gove rise to immediate couse (a), stating the	(b)	JENCE OF			
gove rise to immediate		JENCE OF			
gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN			ie terminal disease or con	IDITION GIVEN IN PART	lio
gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEOU			IDITION GIVEN IN PART	lio
gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEOU (c)		IE TERMINAL DISEASE OR COP	20b IF YES, WERE FIND	DINGS USED
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gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAMINATION OF COURED AT WORK NOT WHILE AT WORK NOT WHILE AT WORK OF COURSE OF	DUE TO, OR AS A CONSEQUENCE (c) T CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICE 19b CONDITION FOR WHICE 21b TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME. STREEL FACTORY, OFFICE. Spitol) oftended the deceased from on AIIGUST 25 19 not view the body ofter death. CK. LCDR. MC. USN AL 23b. DATE 23c.	DEATH BUT NOT RELATED TO THE HOPERATION WAS PERFORMED DAY YEAR 19 21c. HOW INJURY OF THE PROPERTY OF THE PR	20g AUTOPSY? YES NOTE NOTE OCCURRED (ENTERNATURE OF INJ CITY OR T. AUGUST OPING MEDICAL STA CIAN DIRECTOR PHYSI VAL HOSPITAL , CAPITAL REGION TORY 123d LOCATION	20h IF YES, WERE FIND IN CERTIFYING CAUSE YES DRY IN ITEM 18 PART I OR PART 21 DWN COUNTY 25 19 85 ote ond hour and from the 222c DAT AFF 236 NAVAL MEDICA BETHESDA,	STATE ., that (1) (we) lost the couses stated ESIGNED AL COMMANI
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222061

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 2 3 2

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01		EASED NAME	FIRST		WIDDLE		LAST		20 DATE KNOWN X	MONTH D	YEAR 1 1 HOW	-
			Margue		W.		oley		OF ESTI-	8/14	19 85 P: 7	V
5	SEX	male Wh		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS IF UI LAST BIRTHDAY) MONT		JNDER 24 HRS	PRONOUNCED DEAD	8/14	19 85 P.	?
102 100	o BIR	THPLACE (STATE OR		May 22, 1		TOVO I	- Graman		9. BALTIMORE CITY C			1
1	FOR	eign country) Ohio		USA			VED DI	MARRIED	Montgom	ery Co	untv	
1	0. CIT	Y OR TOWN OF DE	ATH		SPITAL, NUR	SING HOME, OR OTH		1 12a. US	UAL OCCUPATION LTYP		KIND OF BUSINESS	-
1		Silver Sp		15301	Walbr	ook Court,	#1D	H	MOST OF WORKING LIFE)		or industry own home	
	3a ST	RESIDENCE (FINN ATE aryland	1136 COUNT			or town er Spring	13d INSIDE (ITY LIA YES 🗽 N	MITS? 13: STE	REET ADDRESS 301 Walbroo	k Cour	t, #1D	
1	4 FA	THER'S NAME		MIDDLE	ı	AST		MAIDEN NAMI			LAST	Ī
9		Thomas			Wo			ttie			Deakin	
1		AS DECEASED EVEL	I (IF YES, GIVE V	VAR OR DATES)		IAL SECURITY NO.	17 INFORMAN		ADDRESS		10)	
-		N/A	-	N/A		22-1676	Aubrey	0. Doo.	ley-husband	-(same	as 13e)	
		18 CAUSE OF DEA PART I DEATH V				yocardial	dicasca			-	BETWEEN ONSET AND DEATH	
			IMMEDIATI			SEQUENCE OF	uisease					
	10	Conditions, if				myocardia	1 diseas	Se.				
		gave rise to cause (a) statin	g the under-	(-)		SEQUENCE OF	. 415646	50.			-	
		lying cause last	-	(c)								
		PART 2 OTHER SIGNIFICA	NT CONDITIONS C	DATRIBUTING TO DEATH	RUT NOT RELAT	TED TO THE TERMINAL DISEAS	E OR CONDITION GIVE	EN IN PART 1 (c)				
	S S					None						
1	CERTIFICATION	190. DATE OF OPER	ATION	196 CONDI	TION FOR V	WHICH OPERATION V	VAS PERFORMED)?		2	20 AUTOPSY?	
4	ERT	None	JSE WAS	21b. TIME O	FINILIRY	1216 H	OW IN HIRY OCC	CHOOSE ISNIES	NATURE OF INJURY IN ITEM 18	0 4 0 7 1 O 0 0 4 0 7 2 V	YES NO K	
4		UNDERLYING	OR	HOUR A.A	A. MONTH	DAY YEAR			TANDRE OF HADOR HATTERN TO	PARITOR PARIZ		
4	MEDICAL	CONTRIBUTING 216 INJURY OCCUP	RRED	21e PLACE	OF INJURY		CATION	Vone				_
	M	WHILE NO	WHILE D	STREET, FAC	TORY, FARM, ET	C.)	STREET	10	CITY OR TOWN	COUNTY	Y STATE	
	4	220. I certify that		e of the remains de	scribed abov	ve, held an Autop	sy , Ins	spection X	Inquiry . or	nd in my opinio	on	
		death resulted from	m: Nature	ol couses X,	Accident	, Suicide	, Hamicide	Under	termined monner .			
d	1	ACTUAL	1	PD	1	1.	TITLE (SPECI	+11		DATE	9/15/05	
7		SIGNATUR	75	. (/ 5	The state of the s	Deput	919 Sem	inary Road	SIGNED_	8/15/85	
		EXAMINED NAME (TYPE OF PRINT)	Joh	n S. Roge			ADDRESS Si			gomery	County, Md	l
2	3a.BU	RIAL, CREMATION,			23c N	t. Stephen	R CREMATORY S Episco	opal 23d LC	ocation octown nchburg y registrar 256, 846	Bedfo	ord styla.	1
1	24. FU	Burial NERAL DIRECTOR	A	ug. 17,	11800	Church (Cemetery	DATE REC'D. B'	Y REGISTRAR 25h NEG	STRAPISSION	HATURE	_
I	lin	es/Rinald	i Fune	ral Homes	C11170	N.H. Ave.	Md	ATTG 1	6 1085	Leundson	n-Mandell	

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(VR A15 ME (5)) 20M 4 '82 5 1-1 1 1-1 1 1-1 1 1-1 2

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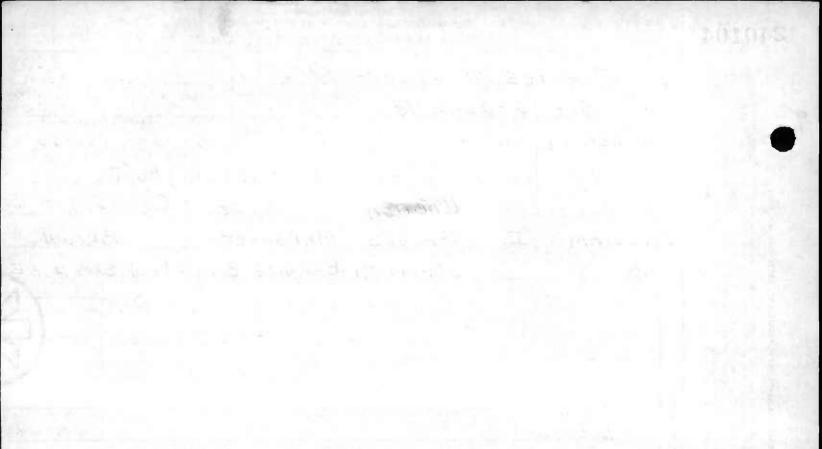
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE

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1	.5	1	R	
REG. N	10.	Cira	9	-

		REGISTRAR	THE PROPERTY OF THE PARTY OF TH	EK 3 CERTIFICATE OF DE	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE KNOWN OMONTH	H DAY YEAR 1 26 HOUR
결목적품부		Bernie	E MZVS ZV.	et Dorsey	DEATH MATED	40/719 PJ A M
当5mgg	I, SEX	A A	ONTH DAY LAST BIRTHD	ARS IF UNDER 1 YR. IF UNDER 24 HRS	PRONOUNCED MONTH	DAY YEAR 24 HOUR
S S S S S S S S S S S S S S S S S S S	2		2 - 26 - 12 73 YE	RS.	DEAD Jug,	19 8 J M M
対数と目標の	10	REIGN COUNTAIN	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF COUR	NTY-OF DEATH
第5年38	NE		4: S.A	WIDOWED DIVORCED	Monts	- omer of MD.
NEW THE PERSON	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS),		SUME OCCUPATION (TYPE OF ORK OR MOST OF WORKING LIFE)	OR INDUSTRY
9525R	CI.	L PESIDENICE / NIMSING HOME OF OTH	12019 Cnt.	erhilly + NO	URSING ASST	10000
经验的 5	13a S1		vt. Wheato		TREET ADDRESS	Far Li 11.07
1 2 2 H 2 H	14 FA	THER'S NAME	DDIE O LAST	15 MOTHER'S MAIDEN NAM	AE MIDDLE	LAST
SES SES	И	IILLIAM -	I. GAINE	S MARGARE	T	BROWN
F PA FOR ON ON	16a. W	AS DECEASED EVER IN U.S. ARMED	OR DATES)	0	ADDRESS	
RS AF C GIVE WITH PAG DIVISI	-	NO		591 BERNICE 1	JUDD-aaugh,	SAME # 13 E
OUR 18. MIT. IE, DI		18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY:	e cause per line for (a), (b), and (c).)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24 H LONN LONN PER VAL		IMMEDIATE CA	AUSE (o) CONSEQUENCE (e Myour	915 110	3
L IN A SIT A		Conditions, if any, which	DOE TO, OR AS A CONSEQUENCE	1 2 deta	VINCELENOS	+ M
AINCI AINCI ATAI OR R		gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	1 year IV FE	VIBS Elexos	Kent of -
N N N N N N N N N N N N N N N N N N N		lying cause lost.				
GGC GGC AND ATIC		PART 2 OTHER SIGNIFICANT CONDITIONS CONTI	(c) Hibuting to death but not related to the term	INAL DISEASE OR CONDITION GIVEN IN PART 1		
BE EXECTED WEDICAL AS A BU ALTH AN CREMAT	NO	Maril	,	THE DISTRICT OR CONDITION OF THE PART 1:0		
SED A F HEA IAL, CI	ATI	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?
ASENDA-	CERTIFICATION	None				YES NO NO
THE WOOD THE WOOD THE WOOD THE WOOD THE WOOD BE TO BE	CER	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	214 HOW INJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18 PART I OR F	PART 2)
OR TAND		UNDERLYING OR CONTRIBUTING CAUSE OF DEAT				
JERI 3 SF	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN C	COUNTY STATE
HIS WRI	4	WHILE ONT WHILE O				
NER: T CATE, FORW THE ST AND, 2			the remains described above, held an	Autopsy . Inspection	Inquiry , ond in my	opinion
ヨ エ m ひ ナ ⊃		death resulted from: Natural co	ouses Accident , so	icide , Homicide , Unde	etermined manner .	
CERTII CERTII OULD B OURE (, WITH		ACTUAL / P	21/	TITLE (SPECIFY)	5.471	1.16 10,000
- WO - L .		SIGNATURE	a lage	M.D. Depv ME	DICAL EXAMINER SIGN	JED 77700
MEDICA CUTE TH 3E 4 SHOREA FUNERA FINORE		EXAMPLETS NAME	0			
EXEC PAGE PAFTE BARTE	23a.Bt	TYPE OF PRINT	Tes Name of Sea	ADDRESS	OCATION .	
	230.00	SUR IAL	22-85 ASH M	EM. CEM.	DILDIL SODILLE	Mounts STATE MA
BP	24. FL	JNERAL DIRECTOR	246 N. IA	ASH. ST. 1250. PALE REC'D.	11.10	SIGNATURE
DHMH - 17 (VR A15 ME (5))	G	FORGE R. SNO.	WOEN ROCKVI	LLE, MD AUG 21	1935 gona Davidon	M- Mandeur

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ND. 21201



BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

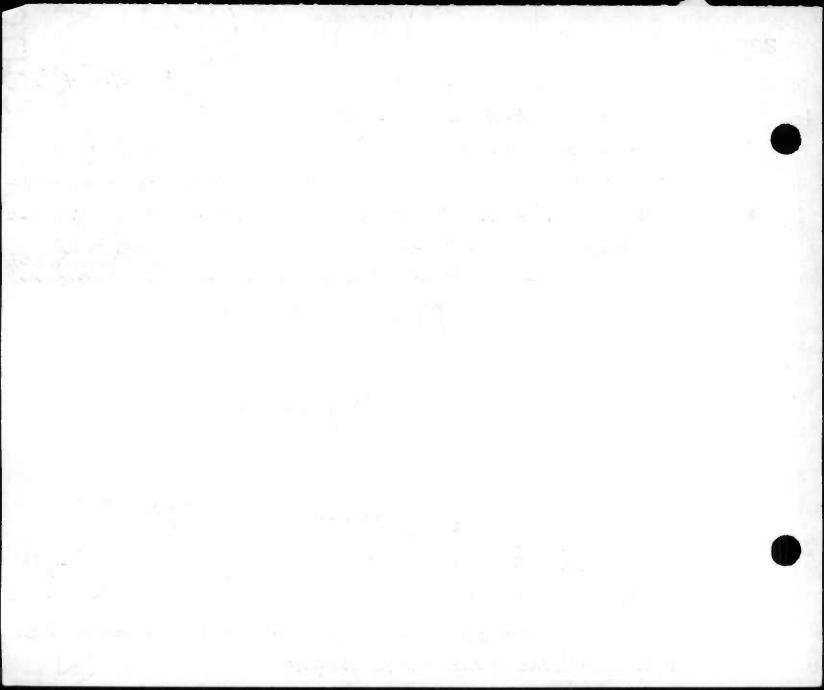
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE CERTIFICATE OF DEATH

ARYLAND
AND MENTAL HYGIENE 5 2 3 2 8 5

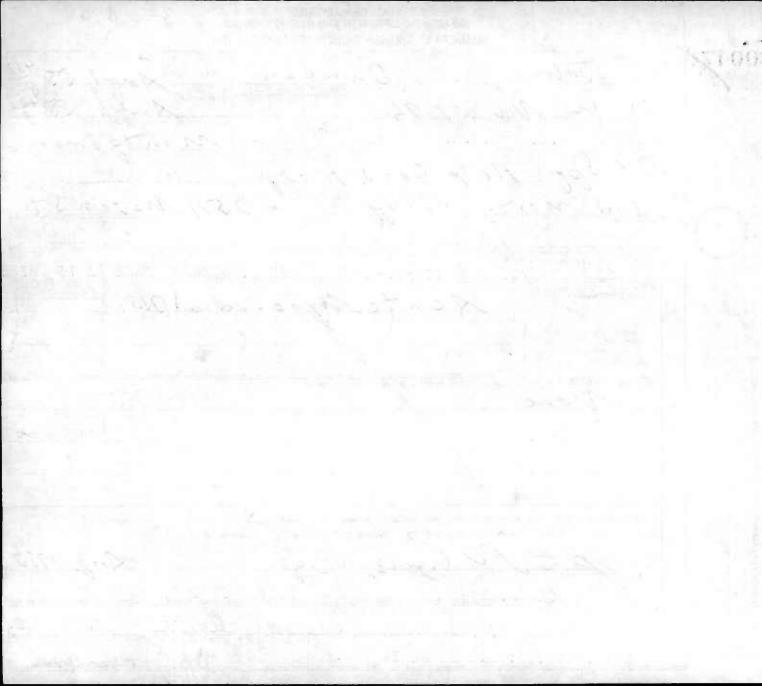
'	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1
	CEASED NAME FIRST	nes V.	Pincan	24 DATE OF DEATH MONTH	14-1985 430
3. SE	* MALE	8. RACE BLACK	5. DATE OF BIRTH MONTH DAY 4 30 (5	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS	
	IRTHPLACE (STATE OR FOREIGN COUNTRY) CAROLINA	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED UNDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY ON TOOM	
1	AKOMA PARK	WASHING TON	ADVENTIST HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RET-LANDSCAPE	
USU. 13a S	AL RESIDENCE (IF NURSING HOME O STATE MOI	13c CITY OR IC	RSPRINGES IN NO [130.STRFET ADDRESS / 71P CC	NTLEY PL. 20
	ATHER'S NAME FIRST WYLLE	MIDDLE DUNC	AN MAGGI	E MIDDLE	EMPHILL
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE-	2-22-		05 PEARTREE CL LVER SPRINGA
	PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), ED BY: TE CAUSE (b)	olostate Ca	ncioneno	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOIT	Produbl	septicem	O DEATH BUT NOT RELATED TO THE TERM	Cimmea.	
CERTIFICATION	1% DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NOT	YES, WEITE FINDINGS USED THEYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
MEDICAL CE	SAW VECEDANI MAY CHES STANDS OF CONTRIBUTING C CYTES OF DE	HOUR A.M. MONTH	DAY YEAR	RED. Earling mature of proper sympo-	19. PART 1 (2# PART 2)
MED	THE INJURY OCCURRED	714 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	III LOCATION	Q C/II	COUNTY STATE
	27s.1 certify that III (this hosp saw the deceased alive or above, (I) (we) (did) (gid a	2113110	and that in (my) (our) opinion	death accurred on the date and t	THE WILLIAM COMMITTEE STATE OF THE PARTY OF
	27% SIGNATURE	A Chae		DIRECTOR PHYSICIAN	8/14/8
	A · A·	CHA CRO	22e ADDRESS 850	0,16 15 St suit	ing pro 20
	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	236. DATE 23 AUG-19,1985	BARBER MEM. CEN		L YORK CO. S. (
	UNERAL DIRECTOR	ERS CO TAIN ADDRESS	SITUED SOCIAL ME	TE REC'D. BY REGISTRAR 250; REG	SISTRAR'S SIGNATURE

THE PARTY AND THE



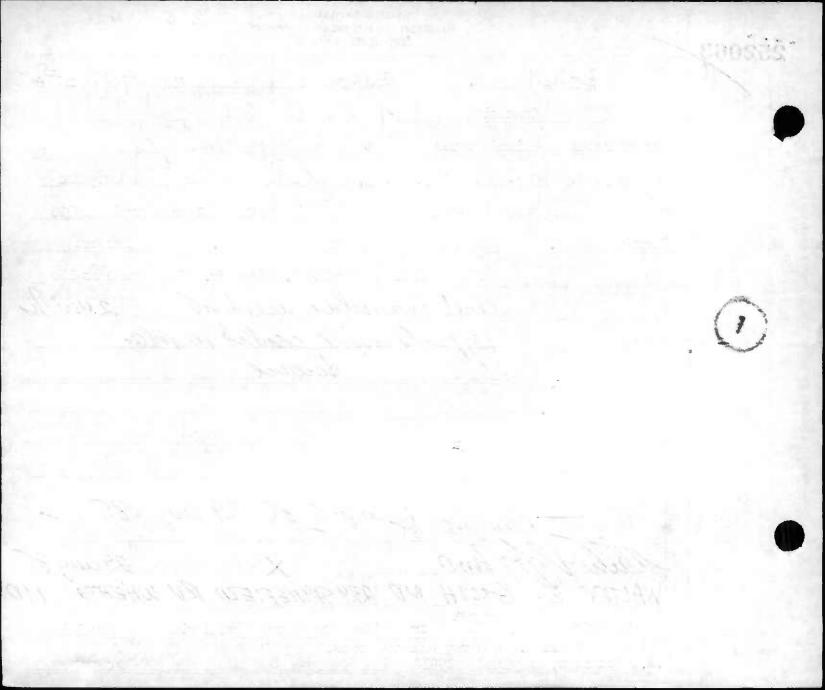
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYDIENE

FOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

52063	1:	FOR STATE HEGISTRAR		DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG	. NO.		
1,5000		EASED NAME FIRST		WEDG	- 1	AST	20 DATE OF DEATH	MONTH	OAY YEAR 26 HC	UR
31/0	THE	Eth	el	R.	E	dson		Aug	29,85 6	4-5 AM
4	2. SEX		4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST	BIRTHOAY)	MONTHS DATE HOURS	R 24 HRS
urs a		Female	Caucas		MONTH	24 96	89	YRS		MIN.
P 2 9	7a. Bil	OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CIT	OR COUNT	Y OF DEATH	
O(of o)	M	assachusetts	United	States	WIDOWE		Monteon	ena (20.	AD.
y the fu	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUP		126 KIND OF BUSIN	NESS OR
filed		Rockvelle	Otm.	10/1/11	0 . (Dursing Con	Homemake		Own Home	9
ld be	13a S	TATE 136 COL	INTY	GIVE RESIDENCE BEFORE	N ADMISSION	134 INSIDE CITY LIMITS?	13e.STREET ADDRES			
and a	Ma	ryland Mon	tgomery	Bethesd	a.	YES NO X	6413 Dahl	lonega	Road 208	16
- di	14. FA	THER'S NAME	WIDOLE	LAST		15 MOTHER'S MAIDEN N	AME		LAST	
100		George A	MIDGE	Robbins		Mary	M.		Herbert	
0 /	16a V	AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS		
med	()	ES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR OATES)	579 60 4	761	Merritt A.	Edson Jr.	Son_	same as 1	
١		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only ane cause per SED BY: ATE CAUSE (a)	Cerelso	was	cular a	cudin		APPROXIMATE INT	The
offer free		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, (c)	hyper		sert ca	udio n	asley	a	
Then plea to burio injury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION G	IVEN IN PART 1/a	
ows ony	CERTIFICATION	190 DATE OF OPERATION	19b CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDINGS US IFYING CAUSES OF DE, 'ES \(\text{NO} \)	ATH?
trem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O	EATH HOUR A	OF INJURY	AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR PART 2)	
0	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION	cityo	RTOWN	COUNTY	STATE
ked	2	WHILE NOT WHILE O	(AT HOME S	TREET FACTORY OFFICE, F	ARM ETC)	ZIKEE!				3.416
5 6	100	220.1 certify that (I) (the hos	attended t	he deceased K om	10	ucus 19 8	1 10 29	un	19 8) that (h	(we) fust
21 is	- 1	sow the deceased alive of	1 au	CRUM 19	S or	d that in (my) (opinion	death accurred an the	date and he	out and from the causes	tated
E		abave, (l) (sua) (did) (did)	ot) view the bod	y ofter death.	0 -	DEGREE			224. DATE SIGNE	
Tr. If th		allela)4	482	mp		ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [29 au	385
MPORTANT:		WALTER CO	GARINT)	0024	MD	220. ADDRESS 2309 SHORE	FIELD ,	RPU	UHEATON	MI
IMPO	23o B	URIAL, CREMATION, REMOVA	L 23b DATE A	11011ST 23c.1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		Cremation	29, 1	.985 Het		itan Cremato		lria	Virgin	La
M 7/84	24 FL	INERAL DIRECTOR Robe:	rt A. Pu	mphrey		Homes,	TE REC'D. BY REGISTR	AR 25b. REGIS	STRAR'S SIGNATURE	
i, 4)	I	P.A., Bethesda	Maryla	nd 2081	4	JEP	5 1985	1 Ja Day	doon-panded	



07/84

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIVERENE

1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
1. DE	REGISTRAR CEASED NAME FIRST MIDDLE LAST LAST OF ESTI DEATH MATED A LAST A LAST DEATH MATED A LAST DEATH A LAST DEATH MATED A LAST DEATH M
3. SE)	AGE WHITE S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY ADNITIS DAYS HOURS (AIN. PRONOUNCED DEAD DEAD DEAD DEAD DEAD DEAD DEAD D
7a Bi	RTHPLACE (STATE OR REIGN COUNTRY) 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED
	TY OR TOWN OF DEATH 11 States to specific to the state of the state o
13a S	AL RESIDENCE IF IN MASINGUIONE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136. GITY OR TOWN YES NO 136. YES NO 136
14, F/	DAVID EISENBERG LEAH UNKNOWN
{Y	VAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (ES WWI - ARMY 577-60-6203 1 SLADE AVE. BALTO., MD 21208
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Ig. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
I SH	None
CAL CER	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
MEDICAL	216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 217 COUNTY STREET 218 PLACE OF INJURY (ATHOME, STREET) 218 PLACE OF INJURY (ATHOME, STREET) 219 PLACE OF INJURY (ATHOME, STREET) 210 PLACE OF INJURY (ATHOME, STREET) 211 COCATION STREET CITY OR TOWN COUNTY STREET
	22a I certify that I took charge of the remains described above, held on Autapsy , Inspection , Inquiry , and in my apinian death resulted from Natural causes Aceidant , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) ACT I LIL. M.D. MEDICAL EXAMINER SIGNED , M.D. ADDRESS
(5	URIAL, CREMATION, REMOVAL 23b DATE AUG. 18,1985 MOSES MONTEFIORE WOODMOOR CHIVE BALTIMORE COUNTY MARYLAND
100	UNERAL DIRECTOR SOL LEVINSON & BROS., INC. O10 REISTERSTOWN RD. BALTO., MD 21215 AUG 2 0 1985

DIVISION OF VITAL RECORDS, 201 W. PRESTON 57., BALTIMORE, MARYLAND 2120.

TO FUNERAL DIRECTOR, After this certificate that been should be detached for use 3s the burial-transit patient. The with the State Dept of Health and Mental Hygietterment.

TO HOSPITAL OR ATTENDING PHYSICIAN. The LA

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

DE

See	3	lin	0	4

REG. NO.

STATE OF MARYLAND	(2)	
PARTMENT OF HEALTH AND MENTAL	HYGIENE	
CERTIFICATE OF DEATH		

	CEASED NAME	FIRST		MIDDLE	1-01	AST		20 DATE OF BEATH MONTH	DAY YEAR	26 HOUR
	1-	tArn	Y		E1501	rustaut	-	Hug 1	0 1985	50
3. SE	X	4.	RACE		5 DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	F UNDER 2
	MALE		CAL	C	10	14 1	7	6/	RS	HOURS
7o. B	IRTHPLACE (STATE OR	OREIGN 76	CITIZEN OF	WHAT COUN	MARRIE	NEVER MARRIE		BALTIMORE CITY OR COL	INTY OF DEATH	
	NEWYOR	RK	U:	514	WIDOWE			monta	omery	•
10.5	LY OR TOWN OF DEA	(TH 11			URSING HOME C	R OTHER INSTITUTIO	N	120 USUAL OCCUPATION	126. KIND ING LIFE) INDUSTRY	OF BUSINES
9		NY	1-101	4 (1	ross H	ospita	1	Cartographer	(Ret) De	fense :
130	AL RESIDENCE IN NURS	13b COUNTY		13c CITY OR	TOWN	134 INSIDE CITY LIM	ITS?	13e.STREET ADDRESS / ZIP (CODE	
_	Maryland	Montgo	omery	Sil	. Spring			1900 Queensgu	ard Rd	20906
14 F/	ATHER'S NAME	MID	DLE	, LAS		15. MOTHER'S MAIDE	ENNAM	E MIDDLE		AST
	Israel				enstadt	Ida				ofsky
160	WAS DECEASED EVER	IN U.S. ARME			SECURITY NO.	17 INFORMANT	-	SilvereSpr		
	Yes	WW .	LI	066-0	5-7445	Miriam S.	Els	enstadt: 1900	Queensg	ward R
1	18 CAUSE OF DEAT	H Enter only	one couse per	line for al, (b), and ic	1 hoteran	11/18	7/0=15-46	APPRO BETWEEN	AMATE INTERV.
		IMMEDIATE (EICE	131010	Memoria	~W	tens yemisp	mene !	DAY.
			DUE TO, O	RASASON	DOUENCE OF A	T. C.OLI	1	C-TON	10	Ven
	Canditions, if any, gave rise to imm		(b)_	SYP	FINE	TU SION	-	SIEWING	- 10	ICV
	cause (a), statin	g the	DUE TO, O	R AS A CONS	SEQUENCE OF	/				
	underlying cause	last	(c)					The Property		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI							GIVEN IN PART 1	ra		
ě										
CERTIFICATION	190 DATE OF OPERA	NOIT	196 COND	TION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT		
F								YES NO	YES 🗍	NO 🗌
	OR CONTRIBUTING		11b. TIME O	FINJURY M. MONTH	DAY YEAR	216 HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDI		P		19					
ED	214 INJURY OCCUR	RED	21e PLACE			211 LOCATION		CITY OR TOWN A	COUNTY	STA
×	AT WORK NOT WH	IILE -	(AT HOME SH	REEL, PACTORY, O	FFICE FARM ETC)	SIRCE	nr	0/	0/	
	220.1 certify that (I)		ottended 1	deceased f	rom _		13	_, to	19 03	, that (l) (x)
	time the decease	d alive on	8		.19 an	ad that in (my) ap	oinion de	eath occurred on the date and		
	THE STENA PART	11/6	/ // //	differ deoth.	110	DEGREE		,	27c. DAY	SIGNED
	XYeu	Me	fel	ww	Wig	ATTENDI PHYSICI		MEDICAL STAFF	9	10/8
	THE PHYSICIAN SALA	WE THOU	Sh.	000	(0)	22e ADDRES		CANTILAZ		24
	DIVIO	CAC	DEN	BARRE	r LU	511	VE-	a SPHILL	KANY	WIN
23a 1	BURIAL, CREMATION,	REMOVAL T	23b. DATE		23c NAME OF C	EMETERY OR CREMAT	ORY	23d LOCATION	1	7 070 70
	Burial			-1985				CITY OR TOWN	COUNTY	STA
24 FI	UNERAL DIRECTOR	0.00	0 12		lle, Ma		em.	Quantico, REC'D. BY REGISTRAR 25b. RE		TURE
	NAME	. 7 . 77	C)	ADDI	RESS			4005	Davidson-A	
L	arizansky-G	ordberg	Chape	LS: 11	70 Rocks	ville Pikal	10 4	A THEO ALLER	"MON ADOL- N	

MINISTER AND THE AND THE WAY He en March of Marillet 5 0 y GA WALE COO GIVEN DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate attending physician.

etoined by the hospital or

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL DYGIENE

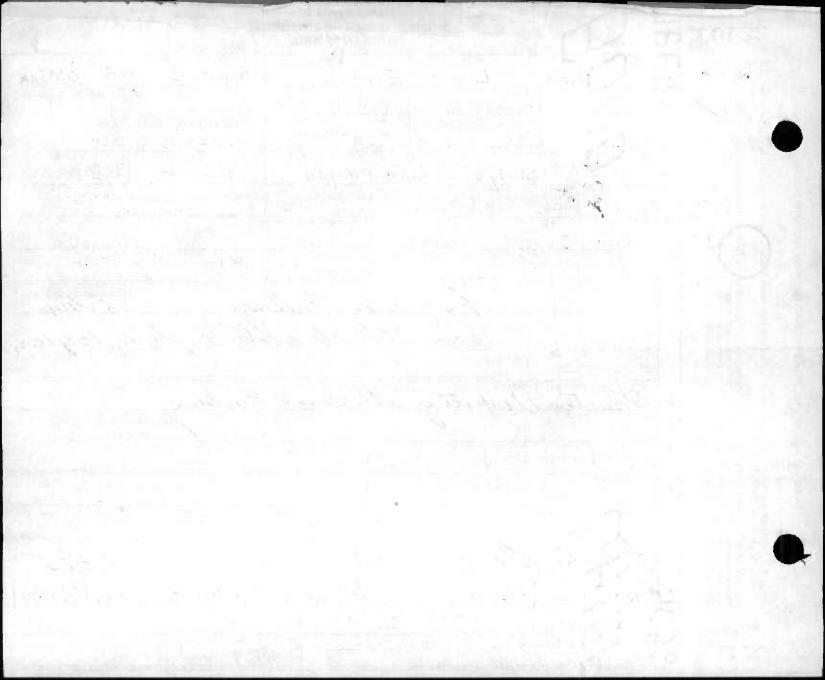
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· Bu		REGISTRAR				CERTIF	ICATE OF DEATH		REG NO.		
		OR PRINTI	E FIRST		WIDDLE	ı	AST	20. DATE OF D	EATH MONTH		2b. HOUR
	/	OR PRINT!	Helen		_andes	EI	lison	Augus		1985	09:35
0	3 SEX	<		4. RACE		5 DATE C		6. AGE (THYEAR	S LAST BIRTHDAY)	MONTHS DAY	
1	F	emale		Cauca	sian	Apri	1 12,1908	77	Υ	RS	
90			STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9. BALTIMORE	CITY OR COL	JNTY OF DEATH	
0		rginia	a	United	States			Monto	omery	County	
1/	10. CI	TY OR TOWN	OF DEATH				OR OTHER INSTITUTION	12a. USUAL OC			OF BUSINESS
		ckvil.			Grove Ac		t Hospital	Home	maker	Own	Home
346	130 S	TATE	(IF NURSING HOME OF	NTY			134. INSIDE CITY LIMITS?	13e STREET AD		JODE	817
		ryland		gomery	Bethes	aa	YES NO.	5522	Green	Tree F	Road
57	14. FA	THER'S NAME	E	WIDDLE	LAST		IS. MOTHER'S MAIDEN NA		#IDDIE		LAST
U		John	n F	loyd	Lande	S	Lula			Middl	eton
7			DEVER IN U.S. AR		166 SOCIAL SEC	URITY NO.	17. INFORMANT (Hus	sband)	ADDRESS 5	522 Gre	en Tr
	()	es, no or linking NO		A A	17-30-	6646	Thomas W. I		DA I	Betheso	la. Md
1		II CAUSE O	F DEATH (Enter or	alu ana saura na		62		2		APPR	OXIMATE INTERVA
		PART I. DI	EATH WAS CAUSE	ED BY:	Al mol	7 1 - 11	In Fail	1100		St. IWE	N ONSET AND DE
			IMMEDIA	TE CAUSE (0)	1 411	Miller	and the				7
			stating the couse last.	DUE TO, O	R AS A CONSEQU	JENCE OF					
	NO	underlying	couse lost.	(c)			NOT RELATED TO THE TERM	AINAL DISEASE C	DR CONDITION	N GIVEN IN PART	lio
7	TIFICATION	underlying	ier Significant	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	Hack 200 AUTOPS	er (20b. 1	N GIVEN IN PART IF YES, WERE FINI ERTIFYING CAUS YES	DINGS USED
	CERTIFICATION	PART 2 OTH	COUSE TOST. LER SIGNIFICANT OF COMPERATION WAS UNDERLYING	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	L Roual	ZOO AUTOPS YES	5Y? 20b. I	IF YES, WERE FINI ERTIFYING CAUS YES []	DINGS USED ES OF DEATH?
7		PART 2 OTH 19a DATE OF 21a. ACCIDENT OR CONTRIBUT	COUSE TOST. LER SIGNIFICANT OF PERATION WAS UNDERLYING [ING] CAUSE OF DE	CONDITIONS	ONTRIBUTING TO	DEATH BUT	h Roual in was performed	ZOO AUTOPS YES	5Y? 20b. I	IF YES, WERE FINI ERTIFYING CAUS YES []	DINGS USED ES OF DEATH?
7		PART 2 OTH 19a DATE OF 21a. ACCIDENT OR CONTRIBUT	OPERATION WAS UNDERLYING CAUSE OF DE DITHY MEDICAL EXAMINE	CONDITIONS	ONTRIBUTING TO	DEATH BUT HOPERATIO	L Pouse 21c HOW INJURY OCCUR 211 LOCATION	ZOO AUTOPS YES NED (ENTERNATURE	SY? 20b. I	FYES, WERE FINI ERTIFYING CAUS YES M 18 PART I ORPART 2	DINGS USED ES OF DEATH? NO
7	MEDICAL CERTIFICATION	UNDERLYING PART 2 OTH 19a. DATE OF 21a. ACCIDENT OR CONTRIBUT (IF EITHER, NO. 21d. INJURY 0	COUSE TOST. LER SIGNIFICANT OF COURSE OF COUR	CONDITIONS	ONTRIBUTING TO	DEATH BUT HOPERATIO	N WAS PERFORMED 21c HOW INJURY OCCUR	ZOO AUTOPS YES NED (ENTERNATUE	5Y? 20b. I	IF YES, WERE FINI ERTIFYING CAUS YES []	DINGS USED ES OF DEATH?
<u> </u>		UNDERLYING PART 2 OTH 19a. DATE OF 21a. ACCIDENT OR CONTRIBUT (IF EITHER, NO. 21d. IN JURY 0 AT WORK.	COUSE TOST. LER SIGNIFICANT OF COURSE OF COUR	CONDITIONS	ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH OF INJURY REET, FACTORY, OFFICE.	DAY YEAR 19 FARM, ETC.)	L Pouse 21c HOW INJURY OCCUR 211 LOCATION	ZOO AUTOPS YES NED (ENTERNATUE	SY? 20b. I	FYES, WERE FINI ERTIFYING CAUS YES M 18 PART I ORPART 2	DINGS USED ES OF DEATH? NO
X		Underlying PART 2 OTH 19a. DATE OF 21a. ACCIDENT OR CONTRIBUT (IF EITHER, NC 21d. IN JURY 0 AT WORK. 22a.1 certify	COUSE TOST. TER SIGNIFICANT OF THE CONTROL OF THE COUNTRIE OF THE COUNTRIES.	CONDITIONS	ONTRIBUTING TO OF INJURY M. MONTH OF INJURY REET, FACTORY, OFFICE, ac deceosed from	DAY YEAR 19 .FARM.EIC)	21c HOW INJURY OCCUR 21L LOCATION STREET 19.68	200 AUTOPS YES A RED (ENIFRNATURE)	SY? 20b. IN C	IF YES, WERE FINI ERTIFYING CAUS YES M 18 PART I OR PART 2 COUNTY	DINGS USED ES OF DEATH? NO []
<u> </u>		PART 2 OTH 21a, ACCIDENT OR CONTRIBUT (HE EITHER, NO. 21d, INJURY C while AT WORK. 22a, Certify sow the oboyy	COUSE TOST. LER SIGNIFICANT OF COUNTY OF COUNTY OF CAUSE OF DE DIFFY MEDICAL EXAMINES OCCURRED NOT WHITE AT WORK That (I) (this hosp of the county of th	CONDITIONS	ONTRIBUTING TO OF INJURY M. MONTH OF INJURY REET, FACTORY, OFFICE, ac deceosed from	DAY YEAR 19	21c HOW INJURY OCCUR 211 LOCATION STREET 19 68 Ind that in (my) (1007) apinion	200 AUTOPS YES A RED (ENIFRNATURE)	SY? 20b. IN C	IF YES, WERE FINI ERTIFYING CAUS YES M 18 PART I OR PART 2 COUNTY 19 d hour and from t	DINGS USED ES OF DEATH? NO STAI
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DHMH - 16 50M 4/83 (VRA 15, 4)

Homes, P.A. Bethesda, MD



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r use as the buriol-transit permit. Then please Health and Mental Hygiene prior to burigl, cn. orked or frem 18 shows ony

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

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REGISTRAR		C	ERTIF	ICATE OF DEATH	REG. N	0		
1. DECEASED NAME FIRST	A	AIDDLE	L	AST		MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT) Mary	Marg	garet En	cick	son	August 5,	1985		12:30a _M
3. SEX	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY	MONTHS DAYS	HOURS MIN.
Female	Whit	ie /	Augu	st 2°, 195°T	34	YRS	MOIVING DATS	NOURS MIN.
To BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?		El vision vianos D	9. BALTIMORE CITY O		Y OF DEATH	
Oregon {	U.S.A.		MARRIE	D NEVER MARRIED U	Montgomery	Cour	nty	MD
10 CITY OR TOWN OF DEATH	11. NAME OF H	IOSPITAL, NURSING H	IOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
Bethesda	CITUICA	LENTER	NIF	h Beth-md	Nurse	IF WORKING (Hospi	
USUAL RESIDENCE IF NURSING HOM 13a, STATE 13h CC Virginia Tai		Burke	alssion)	134 INSIDE CITY LIMITS?	7210 Neapt	zp cor ide l	Eane /	22015
H FATHER'S NAME	MIDDIE	LAST		15. MOTHER'S MAIDEN NA	WE		LA	
Mervin E. Werth	-	LA31		Alta May Alve			LA	31
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDR	55		
(YES, NO OR UNKNOWN)	GIVE WAR OR DATES)	559-80-50	005	Mr. David P	Erickson	(Hus	sband)	
	DUE TO, OF	R AS A CONSEQUENC	E OF	eplacement		DITION G	IVEN IN PART 1	10
Diffuse 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		TION FOR WHICH OP			280 AUTOPSY?		S, WERE FIND	
Ē					YES X NO		ES K	NO [
00.000.000.000.00	OEATH HOUR A.	M. MONTH DAY	YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2]	
OR CONTINIBUTING CAUSE OF	21e PLACE (OF INJURY EET FACTORY OFFICE FARM	ETC 1	211 LOCATION	(ITY OR IC	WN	COUNTY	STATE
220 I certify that X (this has sow the deceased alive above, (I) (we) (did) (X2) 22b. SIGNATUS	on August	5 19 85	or	t 9 19 84 nd that in XX (our opinion of opinion of opinion of opinion of opinion of opinion of opinion opinion of opinion opi	, toAugust death occurred on the di			that X (we) last couses stated E ŞIGNED
Mace	Cothens	eng, Mi)	ATTENDING PHYSICIAN		IAN 🕶	81	15185
122d. PHYSICIAN'S NAME ITY	then ben	Ino		<u> </u>		sda,	of Healt	th 0205
230 BURIAL, CREMATION, REMOV	AL 236 DATE	23c NAA	AE OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE

TO FUNERAL DIRECTOR should be detoched for with the State Dept of IMPORTANT If he DHMH - 16 50M 4/83

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

Cremation
24 FUNERAL DIRECTOR

STATE

Cremation 8-7-85 No Virginia Crematory Arlington, Virginia

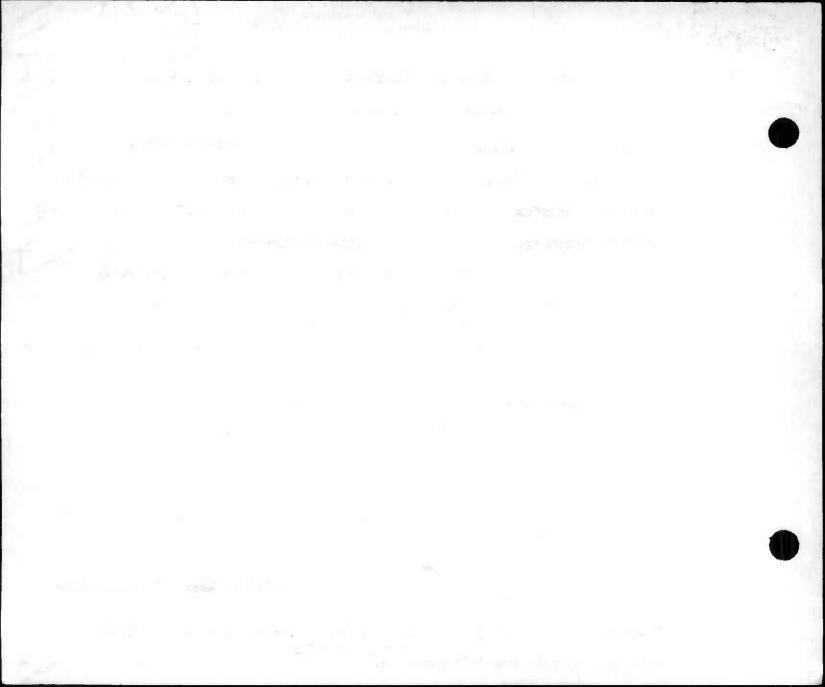
No Funeral Director

NAME

Arlington Funeral Home Arlington, Va.

NAME

Arlington Funeral Home Arlington, Va.



FOR

DEPAR

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STATE OF MARYLAND	2	3	2	9	
RTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	Sire.	0	fice		
CERTIFICATE OF DEATH	REG. NO				

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0				
	1. DECEASED NAME	FIRST		IDDLE	- 1	AST	20 DATE OF DEATH		YEAR	26 HOUR 7		
		Frieda		Wyandt	E	verett		8 25	, 03	3 7 N		
	3 SEX Female	4 R	White		5. DATE C	718/1897 YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS		
1	To BIRTHPLACE ISTATE OR INCIANA	FOREIGN 76	U.S.A	VHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	MD		
1	10 CITY OR TOWN OF DE		(IF NOT IN SUCH	HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACILITY, GIVE STREET ADDRESS) Eldrid Court 120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING L.] TOURNALISE TOURNALISE						125. KIND OF BUSINESS OR		
5	USUAL RESIDENCE (IF NUR 130, STATE Maryland		ER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	131SEEL ADDRESS 12602 Eldi	ZIR CODE	ur C	19/0		
	J. W.	MIDE	DLE W.	yandt ^{last}		15 MOTHER'S MAIDEN NA Martha	Elizabe	e th	Purif	iton		
	160 WAS DECEASED EVER	IN U.S. ARMED								Road 0509		
THE RESERVE	PART I. DEATH V	Due To, or as a consequence of Conditions, if ony, which gove rise to immediate couse 101, stating the Due To, or as a consequence of Due To, or as a consequence of Due To, or as a consequence of Due To, or as a consequence of										
	PART 2 OTHER SIG	NIFICANT CON	(c) IDITIONS <u>CO</u>	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	, WERE FINDIN	WERE FINDINGS USED NG CAUSES OF DEATH?			
/	21a. ACCIDENT WAS UN OR CONTRIBUTING JIF EITHER NOTIFY MED 216. IN JURY OCCUR WHILE AT WORK AT WAT	CAUSE OF DEATH ICAL EXAMINER) RED	216. TIME OF HOUR A.A P.A 21e. PLACE O LATHOME STRE	A. MONTH DAY YEAR A. 19			URRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY					
	22a certify that (I saw the decease obove, (I) [we]	(this hospital) sed alive an did) (did not) vii	4 24 ew the body of	19		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF SIAN DO	22c. DATE			
	K. Siena	. Kiru				220 ADDRESS Geon. Wax	DC.	pon u	niv Mea	1. Ctr.		
	230 BURIAL, CREMATION	, REMOVAL 2	8/29/8	5 Par		emetery or crematory n Memorial Pau	rk ROCKVIL	le, Ma	ryland	STATE		

TO FUNERAL DIRECTOR.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/B4

should be detached for use as the burial-transit permit. Their please with the State Dept. of Health and Mental Hygiene prior to burial, cr

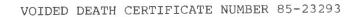
MPORTANT: If Item 21 is morked or

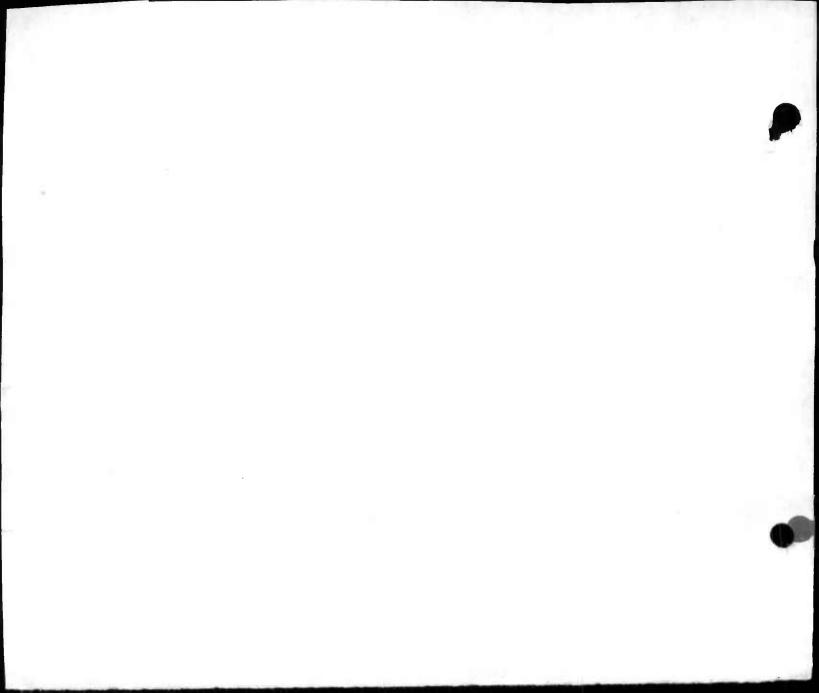
(VRA 15, 4)

Avenue, N.W., Washington, DC 20016

24 FUNER JOSEPH Gawler's Sons, Inc. 5130 Wisconsin 35 PATE REGISTRAN 256 REGISTRAN SOCK WRECK

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STATE OF MARYLAND

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MEDICAL EXA	MINER'S	CERTIFICATE	OF DEATH		RE

EG. NO.

びょ	1133		1. DE	CEASED NAME OR PRINT)				WIDDLE		D	LAST	1.1-		20 DATE K	NOWN X			YEAR	26 HOUR
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	S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET,	4	FO	RTHPLACE (S REIGN COUNTRY) Shingto		76. CIT		SA	ITRY?	B MARR	IED NE		RIED X	9. BALTIMO	gomen	_			
	PERSE S	4	10. CI	TY OR TOWN	OF DEATH	(IF I	ME OF HO	SPITAL, NU	RSING HOME TREET ADDRESS)	, OR OTH			12a US	UAL OCCUP MOST OF WORK N/A	ATION (TYPE		12b KI		JSINESS RY
-	NY DELY 10 3 TO TAIN P. ULD BE	10	USUA	L RESIDENCE	Spring	OR OTHER	NSTITUTION (GIVE RESIDENCE)N)	Les mines								
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RE, MD	A PM 3.	50		THER'S NAME		MIDDLE	ana		LAST LYNSWOY		A	rirst nn	DEN NAMI	E	DOLE			Mer	rell
TIMO	FOR FOR I	1	16a. W	S. NO, OR UNKNO		E WAR OR D			CIAL SECURITY	NO.	17 INFOR				ADDRESS				0)
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N ST.	ERWITENE,			PARTIDE	ATH WAS CAUS	ED BY:			rownin	g							BETY	WEEN ONSE	T AND DEATH
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. 201	EXA EXA			lying cou		((c)	9											
DIVISION OF VITAL RECORDS, 201 W	HOULD BE EXECUTE! RD "PENDING" IN I HIFF MEDICAL EXA USED AS A BURIAL OF HEALTH AND M IRIAL, CREMATION,		NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10															
TAL RE	COULD WEIL WHIEF WHIEF WHIEF WONED A CONTROL OF HEAD RIAL, CONTROL OF HEAD WHIEF WHIEP WHIEF WHI	7	MEDICAL CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									AUTOPSY?						
OF VI	FICATE SHOUL THE WORD "F O THE CHIEF OULD BE USED RTMENT OF H	7	CERTI	210 EXTERNA	L CAUSE WAS		21h TIME C	OF INJURY	DAY YEAR	21c H	OW INJURY	Y OCCURE	RED LENTER	NATURE OF INJU	IRY IN ITEM 18 F	ART 1 OR PA		YES 💢	NO []
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DIVI	HIS CER WRITIN VARDED AGE 3 S ATE DEI	2	MEC		NOT WHILE AT WORK	ХX	STREET, FA	CTORY, FARM, E			TREET	Crest	hill	Lane,	Silve	r Sp	ring	, Mon	tgo-
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	SHOU SHOU ATH, ATH, ME, M. RE, M.	4		SIGNATURE.	Mu	wo)	DA	W)	1 8VU	U ~			nt MED	ICAL EXAMI	NER	DATE	ED_8	3-14-	85
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALITIMORE, MARYLAND	X		EXAMINER'S (TYPE OR PRI	VI) De				M.D.					St.,	Balto	. , M	d.	2120	1
/84	Bb Bb		230 BU	Buria.	tion,removal L				Mesa M				23d. LC Crity	OCATION ORTOWN Mesa		cou	PIN	rizo	na na
Μ	DHMH - 17 (VR A15 ME (5))			NAME / Dia	ior naldi Fu	20.00	ADDRES	iS .	ON.H.		,	250. DATE	RECID. B	REGISTRAR	2007	IRAR'S	MANAT	URE	Last.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

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1 - STATE

REGISTRAR

STATE OF MARYLAND DEDARTMENT OF HEALTH AND MENTAL HYCIENE

DELWKI	WEIGH OF HEALT	II WIND WEINT WOLL LONGINE
MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH

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AL WELL			DONALD	V	Vince	nt	FE	DERLIN	JE .		DEATH MATE	- 0		19 85	M
O.E.	3.56X	4. RAC		DATE OF BIRTH	YEAR	6. AGE (IN	YEARS IF UN		IF UNDER		2c DATE PRONOUNCED	MONTH	DAY	YEAR	2d HOUR
2	Ma	ale Cau			1935		YRS. MONT	THS DAYS	HOURS	MIN	DEAD	8	21	19 85	6:15 A M
25		RTHPLACE (STATE OR		CITIZEN OF WH	HAT COU	NTRY?	To.	RIED NE	VED MADDI	ED [9 BALTIMORE CI	TY OR COU			
7		Marvland	ALC:	United	1 Sta	tes		WED	DIVORCI		Montgom	erv Co	untv		AAD
4		TY OR TOWN OF DEA	ATH II	NAME OF HOSE	SPITAL, NU	URSING HO	ME, OR OTH	IER INSTITU	NOIT		JAL OCCUPATION	(TYPE OF WORK	K 12b K1N	ND OF BUS	
9	F	Rockville	NELL PHE	Shady Gr						Brie	MOST OF WORKING LIFE	t		RINDUSTR Struc	
7	USUA	AL RESIDENCE (IF IN NO	URSING HOME OR OT		IVE RESIDENCE	E BEFORE ADMIS	1551ON)	La . mem.			-		1		
7	Mat	rvland	Montgo	merv		v or town		YES X	NO [Blandfor	ed Str	eet /	/ 208	50
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		VAS DECEASED EVER	R IN U.S. ARMED	FORCES?		CIAL SECUR					ymond L.	R6650 1 1			
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1	-	Yes IB CAUSE OF DEAT	Kore:			3-44-72	245	112420	MCCI	OSSI	n Lane, I	OTOMai		PPROXIMATE	
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		BART 2 OTHER CICHICICA	DT CONDITIONS CON	TRIBUTURE TO OF ATAL	THE WAY OF										
	z	PART 2 OTNER SIGNIFICAN	(I CONDITIONS CONT	RIBUTING TO DEATH B	BUT NOT RELA	ATED TO THE TE	RMINAL OISEAS	E OR CONDITIO	IN GIVEN IN PAI	RT 1 iai					
+	CERTIFICATION	19e DATE OF OPERA	ATION	19b. CONDIT	TION FOR	WHICH OF	PATION V	VAC DEDEOL	2*4ED2	-			120 4	TODENA	
	BC.	176 DATE OF GILL	KIIOIT	170. CONUT	IONFOR	WHICH ON	EKATION **	ASPERIOR	(WED:					UTOPSY?	
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3	0	UNDERLYING TX	KOP.	HOUR XX	MONTH	H DAY YE	AR					M 18 PART I OK	PART 2)		
/	MEDICAL	CONTRIBUTING		21e PLACE O				bject	appar	rent]	ly fell.				
-	MED	WHILE NOT	WHILE T	STREET, FACTO				STREET			CITY OR TOWN	-	COUNTY		STATE
)	-	WHILE NOT AT W	VORK	stre	eet		Arc	Tyle 8	Blan	ford	St., Rock	kville	, Mont	tgome	ry, MD
1				Lua amons desc	cribed ab	ove, held on	Autor	osy X.	Inspection	n .	Inquiry .	ond in my	opinion		110
		deoth resulted	m proport	muses DA	Accident	[XV]	Suicide], Homic	cide .	Undete	ermined monner].			
		/	11.		1	1	_	TITLE (5	SPECIFY)						
		ACTUAL SIGNATURE	1 Mor	Horf 1	Day	h	N	Acti	ng Ch	rief	ICAL EXAMINER	DATE	E S.	-22-8	35
1	/		100	0		1									
		(TYPE OR PRINT)	THOM	as D. Sm		M.D.		ADDRESS 1	11 Pe	nn S	t., Balto	D., MD	213	201	ALLEY !
	23a.Bi	URIAL, CREMATION, F	REMOVAL 23b. I	DATEAugust	230	NAME OF C					CATION OR TOWN		YTAUC	STA	
-	- (3	Burial		1985		. Mar	y's C	emeter	CV		ckville			Mary1	
	24 FL	UNERAL DIRECTOR		A. Pump							REGISTRAR 25h				
		D A		110 Mar	-			,	AU	628	1085	س سسالل	con-10	indalit	

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDENE

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and .	0	15-40		10.00

State Dept of Health and Mental Hygiene prior to burol, crements with the medical exphiniter most be hottlised of once. NNT: If them 21 is marked or Item 18 shows any miury, or other traumatic event, the medical exphiniter most be hottlised of once.		REGISTRAR		CEKTIF	CAIL OF DEATH	REG. NO.						
		CEASED NAME FIRST	MIDDLE	U	ST	20 DATE OF DEATH	MONTH DAY YEAR	R 26 HOUR				
40	LIAN	ORPRINT) MAR.	J m	FE	enton		8-4-85	5 9°4 M				
0	3 SE	X	4. RACE	5 DATE O	FBIRTH	6 AGE (IN YEARS LAST BIR						
		Female	White	MONTH	-12-19	600	YRS DA	ATS HOURS MIN.				
INT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical exemiter must be notified of once.	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	Waster III	9 BALTIMORE CITY O	R COUNTY OF DEATH	4				
10	Y	NOSS	11 0 4	WIDOWE		M	ONTGOMERY	MD.				
10	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME O		120 USUAL OCCUPATI	ION 12b. KIN	D OF BUSINESS OR				
should be detoched for use as the buriol-transit permit. Then please remit continuoupers. Pages 1 and 2 should be filed within 72 hours often with the State Dept of Health and Mental Hygiene prior to buriol, cremarting the state of the medical examples must be notified of once IMPORTANT. If them 21 is marked or them 18 shows any injury, or other traumofic event, the medical examples must be notified of once the medical examples the state of th	Si	LUPR Soping	JE NOT IN SUCH FACILITY, GIV	S S HC	Spital	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
	USU	AL RESIDENCE (IF MURSING HOME OF STATE 136 COU		E BEFORE ADMISSION)		130 STREET ADDRESS / ZIP CODE						
				FR SPRING	13d. INSIDE CITY LIMITS?		AYWOOD DRIV	IF 20902				
		THER'S NAME			15 MOTHER'S MAIDEN NAM	ME	AYWOOD DILLY					
		TAMES	MIDDLE LA	YNTHAN	EDNA.	WIDDLE	CHAS	LAST				
	16a \	VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIA	SECURITY NO.	17 INFORMANT	ADDRE	SS)L				
1	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	10-6439	WILLIAM E.	FENTON, SR.	CAUE AC	S 13 HUSBAN				
-		18 CAUSE OF DEATH (Enter o			WILLIAM	TENTON, SA		PROXIMATE INTERVAL EEN ONSET AND DEATH				
		PART I. DEATH WAS CAUSI	ED BY	1	O cardinana	fistario	BETWE	EN ONSET AND DEATH				
fic event		IMMEDIA	TE CAUSE (0) Copies	GAMETO	(Cartinoma	OI WELLAS	-					
			DUE TO, OR AS A CON	SEQUENCE OF	1	etastasi						
with the State Dept of Health and Mental Hygiene prior to buriol, crematification and the medical expanding must be notified at once. IMPORTANT: If item 21 is marked or item 18 shows ony injury, or other troumatic event, the medical expanding must be notified at once.		Conditions, if ony, which gove rise to immediate	(b) [E/V/C	and ph	IMPRAYY M	elasiasi	\$					
		couse to), stating the	DUE TO, OR AS A CON	SEQUENCE OF	,							
		underlying couse lost	(c)									
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	CERTIFICATION											
51	ICA N	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	I WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN					
1	E .					YES NO	YES 🗌	NO 🗆				
10		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	TIONER AND MONEY	H DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART	2)				
Z	18	IF EITHER NOTIFY MEDICAL EXAMINE	AIR	19								
10	MEDICAL	21d INJURY OCCURRED	218. PLACE OF INJURY	00000 0000 000	211 LOCATION	CITY OR 10	OWN COUNTY	STATE				
	2	AT WORK NOT WHILE	(AT NOME STREET PACTOR)	OFFICE FARM, ETC.)			^					
		220 certify that this hosp	ital) attended the deceased	from Osla	9 198-5	_ to _ (bugu	1 4 1985	, that du (we) lost				
		sow the deceased alive or	ot) view the body ofter death.	19 55 , Sm	d that in (my) (our) opinion of	death occurred on the de	ote and hour and from	the couses stated				
e detached for use as the burial-transit permit. Then plea State Dept. of Health and Mental Hygiene prior to burial NJT. If them 21 is marked or them 18 shows any injury, or		220. SSOG4ATURE	on view the body offer death.		PEGREE		21c D	ATE SIGNED				
	4	/V	Bholehan	5 1113	ATTENDING	MEDICAL STAI		4/05				
with the State Dept of Health and Mental Hygiene prior to buriol, cremitify the medical expander most be horitied of the MPORTANT: If them 21 is marked or item 18 shows any injury, or other traumontic event, the medical expander most be horitied of		DETHE AN'S NAME (TYPE)	OR PRINT!	, 0010.	PHYSICIAN 222 ADDRESS	DIRECTOR PHYSIC	W R. I - 10	7/80				
1		D 0	Bradchau	MA	240	Shiversing	piver, w					
-	220	BURIAL, CREMATION, REMOVAL	23b. DATE	Tar NAME OF CI	METERY OR CREMATORY	V3d LOCATION	Ma.					
		SPECIFY)				CITY OR TOWN	RING MUN	NT STATE MD				
	24 F	BURTAL UNERAL DIRECTOR FRANCE	8/7/85		F HEAVEN	SILVER SP EREC'D. BY REGISTRAR						
84		NAME FRANC	IS J. COLLINS	DOTALO HO			A. M	2 4 00				
	_	500 UNIV. BLVL	. W. SILVER S	LKTING WA	. 20901 AUG	0 1085	TAN GALLER See S	ang a loc				

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(VR A15 ME (5))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAGHY QUENE
MEDICAL EXAMINER'S CEPTIFICATE OF DEATH

16		GISTRAR		MILL	DICAL EX	MAIIIAEK 2	CEKTIFICATE	OF DEATH	REG. NO.		
		ASED NAME	FIRST		MIDDLE		LAST	20 DATE KN	OWN XX MONT	TH DAY	YEAR 25 HOUR
1	,		Jose		Rasa	F	'erretti	DEATH W	ATER	8-20 19	85 M
3	SEX		RACE	5 DATE OF BIRTH	A A	GE (IN YEARS IE UI	NDER I YR. IF UNDE		MONT	H DAY	YEAR 24 HOUR
1	MAI	LE	WHITE	MARCH 6,	1962 2	3 YRS.	HS DAYS HOURS	MIN PRONOUNCE	{	8-20 19	85 p. M
	ronn	HPLACE (51/		76. CITIZEN OF WE	AT COUNTRY	8. MARE	NED NEVER MARI	RIED XX 9 BALTIMOI	RE CITY OR COU	NTY OF DEA	
	NIC	CARAGUA		NICARAG	UA		VED DIVOR	CED Montgo	omery Cou	unty,	MD
10	CITY	OR TOWN	OF DEATH		CILITY, GIVE STREET	ADDRESS)		120 USUAL OCCUPA FOR MOST OF WORKIN	TION (TYPE OF WOR	K 126 KIND OR INI	OF BUSINESS DUSTRY
-	SUAT	RESIDENCE	IF IN NURSING HOME OF	Rt. 29 n			Lane	STUDENT			
13	e. STA	ATE	13b. COUNT	ſΥ	13c. CITY OR	TOWN	13d INSIDE CITY EIMITS?				
	_	HER'S NAME	MONTGO	MERY S	ILVER S	SPRING	YEXX NO	1029 700	BEC_TERR	ACE	20903
1	4. FAI	FIRST		MIDDLE	LAST		15. MOTHER'S MAID	MIDD	LE	LAST	
	(= \A//	CARLOS	EVER IN U.S. ARM	AED EODCESS	FERRETT	SECURITY NO.	17. INFORMANT	AMANDA	· NOEss	CASTI	LLO
	{YES	NO, OR UNKNOW						FERRETTI	CANE	AS 13	FATHER
	NO					82-3205	CARLOS	ILKNSIII	SAVIL		
	1		DEATH (Enter only	y ane couse per line BY:		1-7-7	_			BETWEFN	NONSET AND DEATH
r		415	118	E CAUSE (a)		ervical	Trauma				
Г	79	0		DUE TO, OR	AS A CONSEQ	UENCE OF					
J.			s, if any, which	(b)							
	wil.	couse (o):	stating the under-	DUE TO, OR	AS A CONSEQ	UENCE OF					
		lying cubs	e tust.	(c)							
		PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	O INE TERMINAL DISEA	SE OR CONDITION GIVEN IN P	ART 1 to			
	CERTIFICATION	Iga, DATE OF	OPERATION	Tisk CONDI	ION FOR WHI	CH OPERATION V	VAS PERFORMED?			I20 AUTO	OBCV2
	FIC			175. CONDI		S. SIENATION	THE CHILD				
	ERT	la EXTERNAL	L CAUSE WAS	21b. TIME OF	INJURY	21, 14	OW IN HIRY OCCUPE	ED LENTER NATURE OF INJUR	Y IN ITEM IR PART 1 OR	YES)	XIXI NO []
		INDERLYING	X OR	HOUR XX	MONTH DA	Y YEAR					61 3
		CONTRIBUTION		21e PLACE			river of au	ito lost cor	ntrol 1m	pactino obje	rixed
0	ME	WHILE -	NOT WHILE IX	STREET SACT	ORY, FARM, ETC.)		STREET	CITY OR TOWN		COUNTY	STATE
		AT WORK	NOT WHILE X	r	oad	Rt	. 29 north	of Stewart			
ò				e of the remains des	gribed obove, h	eld on Autor	osy X, Inspection	an , Inquiry	, and in my	Mary.	land
		death resulte	ofrom: Notice	ol couses D	Accident XX	Suicide	, Hamicide .	Undetermined mann	[]	7367	
		1	100	int-	M	701	TITLE (SPECIFY)				
	1	CTUAL	leun	w Th	will	Mu).		nt MEDICAL EXAMIN	DAT SIG	NED 8-2	21-85
		DESCRIPTION OF THE PARTY OF THE		0	/						
	E	XAMINER'S N	NAME De	nnis F. S	myth, M	1.D.	ADDRESS_ 111	Penn St., I	Balto., I	Md. 2	1201
Sec. of	Be.BUF	RIAL, CREMAT	ION, REMOVAL 23	B DATE	23c. NAM	E OF CEMETERY O	OR CREMATORY	23d LOCATION	CC	OUNTY	STATE
		BURTAL		8/23/85	GEOF	RGE WASH	INGTON	ADELPHI	PRI	GEO	MD.
2	4. FUr	VERAL DIRECT	FD ALIC	TO T COL			250. DATE	REC'D. BY REGISTRAR	256 REGISTRAR	SSIGNATURE	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

242145 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burnal-transit permit. Then please remove carbanaped with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal

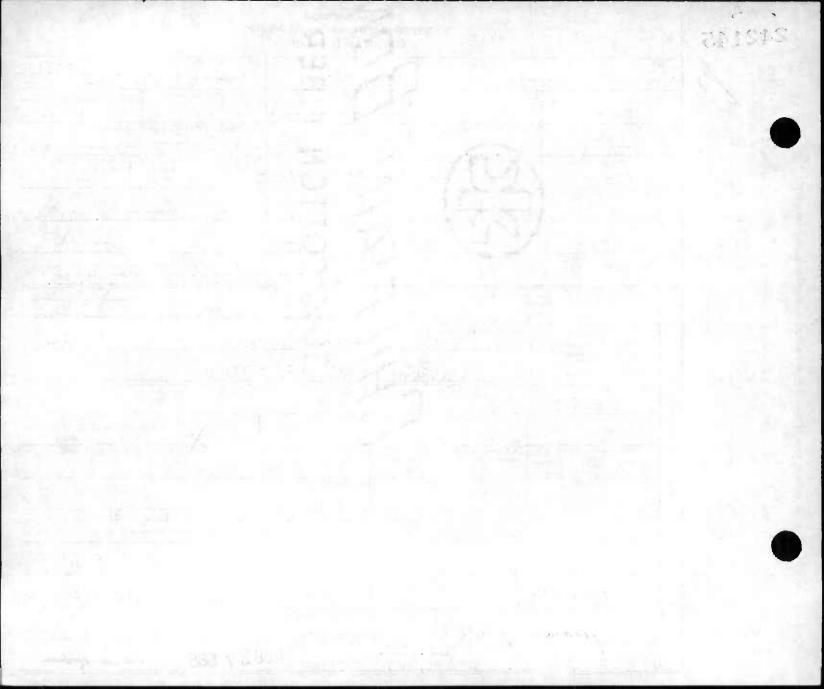
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
	CEASED NAME	FIRST	MI	IDDLE	1	AŠT	28. DATE OF DEATH	MONTH D	AY YEAR	12:4
(TYPE	E OR PRINT)	Gus	sie		Fi	shbein	August	20th,	1985	12.4
3. SE	X		4 RACE		5 DATE C	F BIRTH	6 AGE (IN YEARS LAST !	IF UNDER 24 HI		
	Female	CAUCA	STAN	CEDT	EMBER 15.1905	79	YRS	ONTHS DATS	HOURS MI	
	IRTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF W		2 18		9 BALTIMORE CITY			
,	AUSTRIA		11 5	Λ	WIDOWE	NEVER MARRIED	Montgo	mery	COUNTY	
0. C	ITY OR TOWN OF DEA	TH			NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA		12b KIND O	F BUSINESS
	Olney		Mont	FACILITY, GIVE STREET	Gene	ral Hospita	HOUS	EWIFE		T HOME
	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION G	IVE RESIDENCE BEFOR	RE ADMISSION)		1 1000			I III
	ARYLAND		TGOMERY	STLVER		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		T DD	20906
-	ATHER'S NAME				DIMIN	15. MOTHER'S MAIDEN NAM	ME	OMEGNES		
1	UNKNOWN		AIDDLE	OKUN	NT.	NESI	WIDDLE		CCUI	EPPS
	WAS DECEASED EVER	IN U.S. AR		166 SOCIAL SEC		17 INFORMANT		RESS		LFFS
(1	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	NONE	Е	MR. IRVING	FISHBEIN 1	ILVER S 4510 HO	MECRES	MD 209
	18 CAUSE OF DEATH PART I. DEATH W.	I Enter onl	y one couse per la	ne for 101, (b1, or	nd (c	2 - 144			BETWEEN	MATE INTERVAL
			E CAUSE (o)	MAGNOSI	ME IN	HEYON - YOU	VO WAR FOR	MH		2 Houp
			DUE TO, OR	AS A CONSEQU	JENCE OF				1	1000
	Conditions, if ony,		(b)	MALLA	1 Crange	K BEING NO	500 E		12	J MYON
	gove rise to imm couse (o), stoting	g the	DUE TO, OR	AS A CONSEQU	LENCE OF	Duore Harris	-0 . 5 . 11			
	underlying couse	last	((c)	DIK3 P	LM.	thalas manna	FPO URMIN			
z	- 1 A	- 1	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 10	0
OI	190 DATE OF OPERAT	PUTO	Tin covini	ION FOR WALK	L ORFRATIO	ALVANC DEDECIDENCE	Lee AUTORCY?	ant IF VEC	WERE FINDIN	100 1000
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDII	ION FOR WHICE	HOPERATIO	N WAS PERFORMED	YES NOW		ING CAUSES	
CER	210. ACCIDENT WAS UND		216. TIME OF		N. WEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT I OR PART 2)	
	OR CONTRIBUTING C		10		DAY YEAR	A 10 / 154				
MEDICAL	21d INJURY OCCURR		21e. PLACE O	FINJURY		211 LOCATION	CITY OR	IOWN	COUNTY	STATE
X	WHILE NOT WH	ILE 🔲	(AT HOME, STREE	ET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OK	OWA	COOM	STATE
	220.1 certify that (I)		ol) ottended the	deceosed from.	. Varie	9 19.11	to DUCUL	10.	9 8)	that (I) (we) I
	sow the decease	d olive on	MOINT	70 19	1) 200 1	d that in (my) (our) opinion o	deoth occurred on the	date and hour		
	above, (1) (we) (d 22b. SIGNATURE	ia; faid not	view the body o	tter death.		DEGREE			22c DATE	SIGNED
	CAN BY		1.44			ATTENDING PHYSICIAN IS	MEDICAL ST	AFF	8	24/PT
	22d. PHYSICIAN'S NA	ME (TYPE O	119			22e ADDRESS	P DINCETOR ED FINIS			0/00
	CREPAR	311 1	20 - 1	M		BE DE	FR PIARL 1	00 6	"ANTHER!	01/00
230 0	BURIAL, CREMATION, I	PEMOVAL	73h DATE	192.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	116	20 41 4 (ML)	11000
	(SPECIFY)	2-	1 4	1985	THAME OF C		CITY OF TOWN		COUNTY	STATE
24 FI	UNERAL DIRECTOR	EMOJA	71111		BETH I	SRAEL CEM	WOODBI	RIDGE RIZSE REGISTR	NE NE	
	NAME		EVINSON				JG 2 7 1985	LIV. REGISTR	avidson-V	
60	010 REISTER	STOWN	RD. BA	LTIMORE.	MARYLA	AND 212151	1 200	Harris	~ Indo ~ A	1

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



240031

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE CEPTIFICATE OF DEATH

REGISTRAR						REG. NO.				
ECEASED NAME FIRST			LAST		2a. DATE OF D		DAY	YEAR		
LUCILLE	PU	WELL FI	LSHER			08	1/	85	6:35	\mathbf{p}_{M}
EX	RACE				6 AGE (IN YEAR	RS LAST BIRTHDAY)			_	24 HRS
FEMALE	CAUCASI				54	YR		J 2013	1.00%	MITA.
	b CITIZEN OF	WHAT COUNTRY? 8	APPIED X7 NE	VER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF D	EATH		
VIRGINIA	USA			DIVORCED [OMERY CO	UNTY			MD.
CITY OR TOWN OF DEATH				INSTITUTION					F BUSINE	SSOR
BETHESDA					NONE			NA		
				DE CITY LIMITS	13e STREET AD	DRESS / ZIP C	ODF (101	44	1
								2043		
FATHER'S NAME	IDDLE	IAST	15. MOT			MIDDLE		1.65	ī	
		POWELL	TH							
		16b SOCIAL SECURITY	NO. 17 INFO	RMANT		ADDRESS				
NO	WAR OR DATES	223-34-0582	2 WII	LIAM GO	ODING FI	SHER , JE	2.	SAME		
18 CAUSE OF DEATH (Enter only	one cause per	line for 101, (b), and 101						BETWEEN	MATE INTER	VAL
		CARDIORESPIE	RATORY A	RREST		17				
		AS A CONSEQUENCE	OF							
Canditions, if any, which	_		and the							
gove rise to immediate couse (a), stating the	DUE TO OF	R AS A CONSEQUENCE	OF		1 6 2	100				
underlying cause last	(c)	(A	0.		ALLE S					
	ONDITIONS CO	ONTRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TE	RMINAL DISEASE	OR CONDITION	GIVEN IN	PART 1	o	
190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	RATION WAS P	ERFORMED	20a AUTOP					
							YES 🗌		NO [
210 ACCIDENT WAS UNDERLYING	110010		YEAR 21c HO	W INJURY OCC	URRED (ENTER NATU	RE OF INJURY IN ITEM	IB RART I C	R RART 2)		
(IF EITHER NOTIFY MEDICAL EXAMINER)	n .		19							
21d INJURY OCCURRED						CITY OR TOWN	C	OUNTY	5	TATE
AT WORK AT WORK		0.5							4	
			FEB	19 85	to 1/	AUG	19	85	that (I) (v	ve) last
saw the deceosed alive on_ above, (1) (we) (did) (did nat)	view the body		ond that in	(my) (our) opini	on death occurred	on the date and	haur ond	from the	causes sta	ited
22b. SIGNATURE			DEGREE	4.775.10.0.10	11501611	67.455	1	2t. DATE	SIGNED	
miliand	inh	MP	MD	PHYSICIAN	DIRECTOR	PHYSICIAN		181	tug	05
				DRESS NAV	AL HOSPI	CAL . NAV	AL M	EDIC	AL CO	MMAN
MARSHA PIERDI	NOCK LC	DR, MC, USA	NAT NAT							
BURIAL, CREMATION, REMOVAL	23b. DATE		OF CEMETERY	OR CREMATOR	Y 23d LOCAT	ION		hity		TATES
burial	8-20-8	01iv	e Branc	h Cemet	ery Por	tsmouth	, Vii	gini	.a	NIEW.
FUNERAL DIRECTOR		ADDRESS	SA	25a C	ATE REC'D. BY REC	GISTRAR 256	SIST BARS	SICAL	t .	10
IVES-PEARSON 284	7 TITT CO		INCTON T	7.0	0.00.41.4000		VIA	1 4	161	40
	ECEASED NAME PE OR RRINT) EX FEMALE BIRTHPLACE STATE OR FOREIGN 7 COUNTRY) VIRGINIA CITY OR TOWN OF DEATH 13b. COUNTRY 13b. COUN	ECEASED NAME PE OR RRINT) LUCILLE EX FEMALE CAUCAS I BIRTHPLACE ISTATE OR FOREIGN COUNTRY) VIRGINIA CITY OR TOWN OF DEATH LIT. NAME OF R (IF NOT IN SUC NAVAL JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION STATE ANDREW JAMES WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last COUNTRIBUTING COUSE (a) PART 2 OTHER SIGNIFICANT CONDITIONS CO 19a DATE OF OPERATION 19b CONDITIONS 21d INJURY OCCURRED WHILE WHILE WHILE WHILE NOT WHILE WHILE NOT WHILE WHILE NOT WHILE WHILE NOT WHILE NOT WHILE WHILE NOT WHILE NOT WHILE WHILE NOT WHILE NO	ECEASED NAME PROBREMITE EX A RACE CAUCASIAN BIRTHPLACE ISTATE OR FOREIGN COUNTRY) VIRGINIA BETHESDA BETHESDA BETHESDA JAMES POWELL JAMES POWELL JAMES POWELL ATTURN OF TOWN OF DEATH JAMES POWELL JAMES POWELL ANDREW ANDREW ANDREW JAMES POWELL ANDREW MANDE OF HOSPITAL, NURSING HOW OR COLUMN INSUCH PACILITY, GIVE STREET ADDRE NAVAL HOSPITAL BILLS. CHUP ATTURN FAILS CHUP TOWN OF UNKNOWN INSURED FORCES? (IF YES, GIVE WAR OR DATES) LOS CARDIORESPOSE ADDRESS POWELL WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DUE TO, OR AS A CONSEQUENCE COUSE (I), STOTING THE COUNTRY OF WHICH OPER INSURED FOR COUNTRIBUTING TO DEAT DUE TO, OR AS A CONSEQUENCE COUSE (I), STOTING THE COUNTRY OF WHICH OPER INSURED TO THE COUNTRY OF WHICH OPER OF WHICH OPER INSURED TO THE COUNTRY OF WHICH OPER INSURED TO TH	ECCASED NAME PE COR REINT! LUCILLE POWELL FISHER EX 4. RACE CAUCASIAN 12 S. DATE OF BIRTH MONTH MON	ECEASED NAME EX I RACE CAUCASIAN I RACE I RACE CAUCASIAN I RACE CAUCASIAN I RACE CAUCASIAN I RACE I RACE CAUCASIAN I RACE CARDIORESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF (b) MULTIPLE MYELOMA DUE TO, OR AS A CONSEQUENCE OF (c) I RACE CAUCASIAN I RACE CARDIORESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF (c) MULTIPLE MYELOMA DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE TO THE TIME ASSUMBLY AND ASSUMBLY ASS	ECEASED NAME ### CRAINED ###	ECEASED NAME 1 CORRESPONDED LUCILLE POWELL FISHER 3. DATE OF BIRTH MONTH 12 30 1930 54 4 78 BRITHBRACE CAUCASIAN 12 30 1930 54 4 78 BRITHBRACE CAUCASIAN 12 30 1930 54 4 78 BRITHBRACE CAUCASIAN 12 30 1930 54 4 78 BRATIMORE CITY OR FOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WONTEOMERY CO MONTGOMERY CO	ECALED NAME FIGURE NAME LUCILLE POWELL FISHER S. DATE OF BIRTH SEX. F. CAUCASIAN 12 30 1930 54 VESS SEMINFACE STABLE CAUCASIAN 12 30 1930 1940 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950 1950	ECASE NAME FICA MANUAL FIGURE 19 A RECE EX CAUCASIAN 12 30 1930 54 YES FEMALE CAUCASIAN 12 30 1930 54 YES RECHIFER COMMINION FOR COUNTY OF DEATH USA COUNTY VIRGINIA USA CHIZENO F WHAT COUNTRY? MARRIED NONE BETHESDA NONE BETHESDA NAVAL HOSPITAL SHEER SH	THE CAUSE OF PERAIN BY SHOULD FISHER BY SAME STORES A CONSCOURS OF SA CONSCOURS OF SA A CONSCOURS OF S

DHMH - 16 80M 7/84

(VRA 15, 4)

should be detoched for use os the burial-transit permit. This with the State Dept. of Heolih and Mentol Hygiene prior tells TO FUNERAL DIRECTOR: After this certificate hos been

with the State Dept or neoun 2. MyPORTANT: If Hem 21 is morked or Hem 18 shown any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

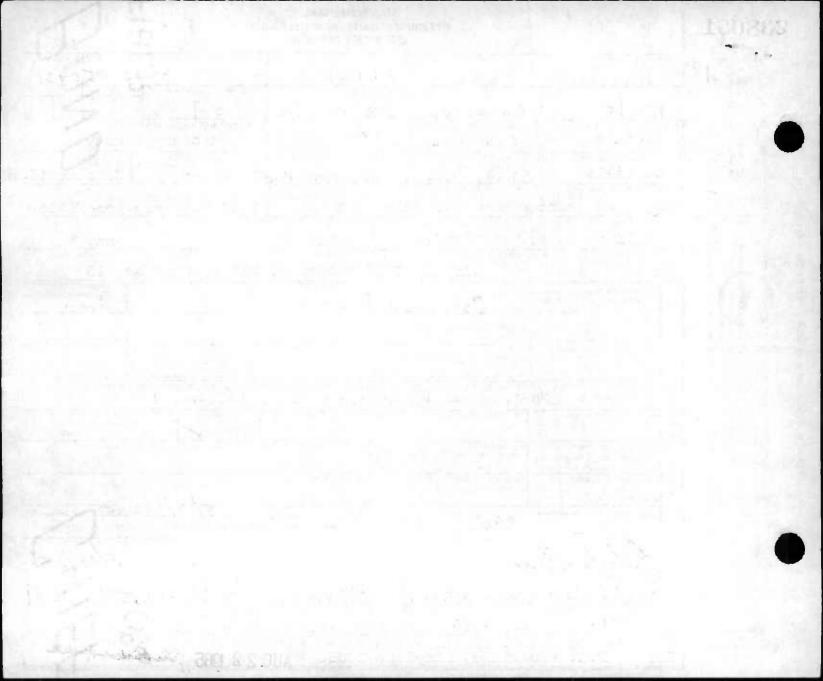
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	5	ن	U	U

		REOBTRAR				REG. NO.								
4	I. DEC	EASED NAME					AST	20	O. DATE OF DEATH MONTH	DAY	YEAR	2h HOL	JR	
ı	LIVE	ORPRINT)	1	1	88	Fi	- i N G-		8	18	85	04:	31 M	
ł	3. SEX	1111111	4	RACE	20	S. DATE C			AGE (IN YEARS LAST BIRTHDAY)	-	DER 1 YEAR	IF UNDER		
I	1	nale		cauca	28102	O :		26	59 YR	MONTH S.	DAYS	HOURS	MIN.	
Я		RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIE	9.	BALTIMORE CITY OR COU	NTY OF D	EATH	7		
K		frginia		United		WIDOWE	D DIVORCE		Montgomery	Cot	unty		MD.	
1		TY OR TOWN OF DEA	тн [1]		HOSPITAL, NURSIN H FACILITY, GIVE STREET		R OTHER INSTITUTIO		USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN		b. KIND O	F BUSINI	ESS OR	
2	4	ockville		Shad	n anov	oc f	dverten	Hoge	arpenter			tru	ction	
1	13e S		136 COUNT	Y	13c. CITY OR TOW		134 INSIDE CITY LIM	ITS? 13	STREET ADDRESS / ZIP C	ODE	D = = =	/20	0.50	
-1		ryland THER'S NAME	MOTIL	gomery	Rockvi	тте	YES X NO [7420 Westmo	re l	Road	/ 20	850	
Λ		£105.T	_	DDLE	LAST				MIDDLE		LAS	r		
	_	William	Α.		Fling		Edit	h			Gray			
1	FY	(AS DECEASED EVER		ED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRESS					
1	No	0			219-12-	4701	Frances	В.	Fling, same	as	#13			
1		IE CAUSE OF DEATI	H (Enter only	ane cause per	line for (a), (b), one	dici.i	+				BETWEEN	MATE INTE	RVAL DEATH	
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcino Malosis									Gn	no		
1		DUE TO, OR AS A CONSEQUENCE OF												
1		Conditions, if ony, which (b)												
1		gave rise to immediate												
ı		underlying cause last.												
1	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG.												
1	Z O	Chronic Obstructive Pulmonary Insufficiency												
7	CERTIFICATION				TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY? 20b. IF	YES, WE	RE FINDIN	GS USE	D	
	TIP								YES NO YES NO NO					
П	8	210. ACCIDENT WAS UND		216. TIME O		V VEAD	21c HOW INJURY O	CCURRED	ENTER NATURE OF INJURY IN ITEM	IS PART I	DR PART 2)			
1	#	OR CONTRIBUTING C		HOUR A.	M. MONTH DA	19								
1	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY		21f LOCATION		CITY OR TOWN	-	YINUO		STATE	
1	X	WHILE NOT WH	HLE	I AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN		OUNT		STATE	
1		220.1 certify that (1)		1) attended the	e deceased from	9	// 19.	70	10 8/18/	192	35	that Hr (we) last	
1		now this director	ed alive an	2/17/	198	55 ar	id that in (my) (our) o	pinion dec	ath occurred an the date and	haur and				
1		ahayr +h we) (e	(did nat)	view the bady	after_death.		DEGREE				22c DATE	SIGNED		
1		11 11	11/1/2	1.0		1	ATTEND	ING	MEDICAL STAFF		5/1	-/x	_	
4		224. PHYSICIAN'S NA	AME LIVE OR P	PRINT		1	220 ADDRESS	IAN LET	DIRECTOR PHYSICIAN	1	0100	0/0	>	
		Robert C.1	tacon	(For D	L. Buce	4)	809 Vier	3 M	il Rd. Rockui	lal	10:	202	351	
1	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE Z		NAME OF C	EMETERY OR CREMA	TORY	234 LOCATION	100	VINI		STATE	
		SMC Burial			985 Pa	rkla	wn Mem.Pa	ark	Rockville,		ryla	_		
	24 FL	INERAL DIRECTOR F	Robert	t A. P	umphrey	Fun	CIAI	50. DATE R	REC'D. BY REGISTRAR 256 REC			URE	2	
	Н	omes, P.A	A. Roc	ckvill	e, Mary	land	20850	AUG	2 2 1985	, Sevid	DON-N	Miles	- (

DHMH - 16 50M 4/83 (VRA 15, 4)

PORTANT.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	3	3	0	

	- STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	I. DECEASED NAME (TYPE OR PRINT)	rie		S.		Flint	20. DATE OF DE	LUE IS	8 1985	2h HOUR 545	4
	3. SEX Female		4 RACE Whit		5. DATE C		6 AGE (IN YEARS	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24	HRS.
3	70 BIRTHPLACE (STATE ORF	ORE IGN		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED C	Mont	9 BALTIMORE CITY OR COUNTY OF D Montgomery			MD.
1	Calverton		11. NAME OF HOSPITAL, NURSING HOME OR O ILENOTING SICH FACILITY GIVE STREET ADDRESS! 12312 Galway Driv			OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE INDUSTRY			OF BUSINESS	
3	USUAL RESIDENCE (IF NURS 130 STATE Md.	13h COUNTY	JIY	Calverto		13d. INSIDE CITY LIMITS?	13. STREET ADD	Galway	Drive	70	7
	Benjami	.n	F. Cric	ckenbarg	or	Olfs walden		NDD4E	Smit	ħ	
1	WAS DECEASED EVER		MED FORCES?	213 74	5719	Gladys O'	Brien(Da	aughter	c) Same	as 1	
		g the lost	{ DUE TO, O	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TER	rminal disease o	r condition c	GIVEN IN PART 10	a	
1	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CER	TIFYING CAUSES		,
	216. ACCIDENT WAS UND OR CONTRIBUTING CHE EITHER NOTIFY MEDIC 21d. INJURY OCCUR AT WORK 270 I certify the Sow the decesse obave (we) id 2716. SIGNATURE 272d. PHYSICIAN'S NA MARTA	AUSE OF DE AL EXAMINER ED ILE	71e. PLACE (AT HOME. STI tal) ottended the t) view the body	M. MONTH DAM. OF INJURY REET FACTORY, OFFICE, F	ARM ETC)	27e ADDRESS3-720	n death occurred a	STAFF PHYSICIAN	. 19 Source our and from the	SIGNED 18/85	last
	230. BURIAL, CREMATION, ISPECIFY Burial	REMOVAL	23h. DATE 8/22/			iew Cemete	23d LOCATIO	5N	sville,	Va. STAT	ŧ

the burial-transit permit. The and Mental Hygiene prior to ked at them 18 shows any injury

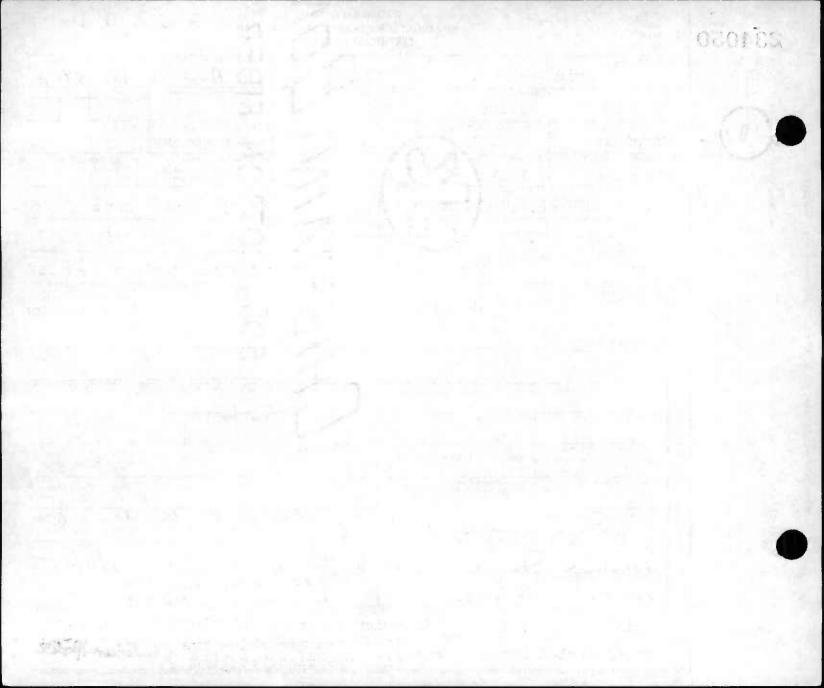
should be detoched for use os the with the Stote Dept. of Health or IMPORTANT: If them 21 is market TO FUNERAL DIRECTOR: After

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR
Hines/Rinaldi Funeral AHome

11800 New Hampshire Ave Silver Spring Magn 295



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0	
		ORPRINT) Hele		WIDDLE	For	ntai ne	Aug 2	MONTH	1985 112 pm
	3 SEX	Female	4 RACE		5 DATE C	DAY VAG	6. AGE (IN YEARS LAST BE	THDAY	IF UNDER I YEAR IF UNDER A HRS.
7	7- DII	RTHPLACE (STATE OR FOREIGN	Caucas	WHAT COUNTRY?	8	13,1909	9 BALTIMORE CITY (O YRS	Y OF DEATH
	Ai	ustria	United	States	MARRIE		monta	ome	ery Ctr. MD.
1	Ro	ockille md	CO (I I	na SW	ADDRESS)	NS9 CHR.	(TYPE OF WORK FOR MOST Homemake	OF WORKING LE	Home
111	13a. S	AL RESIDENCE IF NUCSING HOME OF STATE 136 COU aryland Mon		13c. CITY OR TOW	N	130. INSIDE CITY LIMITS?	130 STREET ADDRESS MC	zip cop Far I	20874 ine Drive
1	4 FA	THER'S NAME Joseph	MIDDLE	Schafha		15 MOTHER'S MAIDEN NAM	WIDDLE		ilable
		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES G	RMED FORCES?	166 SOCIAL SECU	D		rson, Son		me as item 13
	7	Conditions, if any, which gave rise to immediate case (a) stating the underlying case less	DUE TO, 0	R AS A CONSEQUE	NG OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 110
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P. PLACE	M. MONTH DA	19	21c. HOW INJURY OCCURR 21f LOCATION STREET	RED (ENTER NATURE OF INJU		PART I OR PART 2) (OUNTY STATE
	W	WHILE AT WORK 220. certify that (1) (this hasp	nital Dattended th	e deceosed from_	22	19 5	L. to 8/	24	, that II (we) lost
		sow the deceosed alive o obove. (1) (we) (did vidid n 22b. SIGNATURE	lean	ofter-death	0	ATTENDING PHYSICIAN	MEDICAL STA	FF	22c, DATE SIGNED
		22d PHYSICIAN'S NAME (TYPE	Dani			13-13 E	Derpark	Dr.	Gaithersbur
		SURIAL, CREMATION, REMOVA	23b. DATEAL	igust 23ch	NAME OF C	EMETERY OR CREMATORY	23d LOCATION H	rris	son Township

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate has been signed by the otherding physic should be detached for use as the burial-transit permit. Then please remove carbompape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TENDING PHYSICIAN: The low requires that the

TO HOSPITAL

attending physicion.

(VRA 15, 4)

injury, or ather troumatic event, th

IMPORTANT: If Item 21 is morked or Item 18.

Mt. Airy Cemetery Allegheny, County, PA

24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES DATE REC'D. BY REGISTRAR TO ,300 WEST MONTGOMERY AVE. ROCKVILLE, MD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	3	3	V	3

COU			REGISTRAR		240	EDICALL	AAMIII	EK 3 CEKIII	TICATE C	AL DEW	REG.			
e.			CEASED NAME	FIRST		MIDDLE		LAST		20	DATE KNOWN	MONTH	DAY YEAR	Zh HOU
2000	-	1199	E OR PRINT)	CHERY	L	J.		FOREMAN	J		OF ESTI- DEATH MATED	8-24-	85 19	
S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D, WITHIN 72 HOURS.	REE	3. SE)	4	RACE IS.	DATE OF BIRTI		6. AGE (IN YEA			24 HRS. 20		MONTH	DAY YEAR	2d HOL
2 HC PE	257	_	753		MONTH DAY	YEAR	LAST BIRTHDA	Y) MONTHS DAYS			ONOUNCED	8-24-	85	6:50
N V O O V	Ď ,		emale IN		9 6	47	37 YR	S.			DEAD	and the second	17	0.30
THE RAY	RES /	/0 8	REIGN COUNTRY)	IE OR	CITIZEN OF V	WHAT COUN	IRY?	MARRIED X	NEVER MARR	IED	BALTIMORE CIT	Y OR COUNTY	OFDEATH	
N S S S S S S S S S S S S S S S S S S S	3	Dh:			U.S.A.			WIDOWED	DIVORC	ED 🗆	Montgom	ery Cou	intv	M
LAY IS NOTHE FU	2/1	10. C	TY OR TOWN O	F DEATH 1		OSPITAL, NUR		OR OTHER INST	ITUTION	120 USUA	LOCCUPATION .	TYPE OF WORK	ZIL KIND OF B	USINESS
PATE	20	G	aithers	hura		Grove		tal			inistra			
W	ORDS	USU	L RESIDENCE (II	IN NURSING HOME OR O	THER INSTITUTION,	GIVE RESIDENCE I	SEFORE ADMISSIO	(N)					Treasi	
IF ANY DE C, AND 3 T S, RETAIN SHOULD B	05/	4	TATE	13b. COUNTY			ORTOWN		DE CITY LIMITS?		ladwalke			
	- E		ryland	Montg	omery	I Gaı	thers	burg YES &			hersbur	g Md.	20879)
ATH.	14 5°	14. 67	THER'S NAME	A	MODLE	L	AST	13. MO	THER'S MAID	ENNAME	MIDDLE		LAST	
W 0, - Z	8		loyd		В.	Jeffe	rson	Ma	adelyr	1		Ma	artin	
PAN IN	Z /	16a. V	VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. ARMEI		16b. SOC	IAL SECURITY	NO. 18175	PRMAWA1	kers	Choice	ss _{Rd} .		
E STEE	1 25		No	, , , , , , , , , , , , , , , , , , , ,		281-	48-91	06 FF	hersk	Hrg.	Choice Md. 20	879		
B 80/5 C	20			DEATH (Enter only o	ne couse per li			00.1116	2111.13		J. Ellian,			TE INTERVAL
5 7/200	4		PART I DEA	TH WAS CAUSED B	Y:			disorder					BETWEEN ONS	ET AND DEAT
S NEER	N A SE		MALE DE LA	IMMEDIATE (OR AS A CON								
8 V	T S		Conditions	, if ony, which	00210,0	JA AJ A COIN.	SE WOLLACE C	71						
E/6025	A.M.		gove rise	to immediate	(b)									
B 5085	25			toting the under-	DUE TO, C	OR AS A CON	SEQUENCE C	F						
ESSE S	≥Z OO		lying couse	1031.	(c)_									
SA SA SA	AA		PART 2 DIHER SIGN	IFICANT CONDITIONS CON		IN BUT NOT BELAT	ED TO THE TERMS	NAL DISEASE DR COMDI	ITION GIVEN IN PA	PT 1 tec				
P P P P P P P P P P P P P P P P P P P	14	2					LO 10 THE TERM	THE DISERSE ON COMM	THE OWNER HAVE	1 100				
A AS	HEALTH AL, CREM	MEDICAL CERTIFICATION	19a, DATE OF C	PERATION	Ties CONIT	DITION FOR V	VHICH OPER	TION WAS PERF	OBMED 2				20. AUTOPS	10
AL DOUL DEED	RIAL	5	IN. DAIL OF C	TENATION .	178. COINL	JIIIOI4 FOR V	VIIICII OFERA	TIOI WAS FERF	ORMED				20 AUTOPS	17
DIVISION OF VITA S CERTIFICATE SHO RITING THE WORD RDED TO THE CHIE SE 3 SHOULD BE US	52 -	1 =											YES X	NO [
RTIFICATE SI NG THE WO TO THE C SHOULD BE	DEPARTMENT OF PRIOR TO BUR	8	21a. EXTERNAL			OF INJURY	DAY YEAR	21c HOW INJU	JRY OCCURRE	D (ENTER NA	URE OF INJURY IN ITEM	18 PART I OR PART	2)	
S FED	582	1	CONTRIBUTING	OR G CAUSE OF DEA	ATH P.	.M.	19							
ISIN NG NG SH	PRIC	ă	21d. INJURY OC			OF INJURY	(AT HOME,	211 LOCATION						
DIVIS HIS CER WRITIN ARDED AGE 3 S	0 0	¥	WHILE D	NOT WHILE	STREET, FA	ACTORY, FARM, ET	C.)	STREET		1	CITY OR TOWN	COUP	NTY	STATE
THIS (WARI) WARD	1A1	1	AT WORK	AT WORK										
ATE OR	ES.		22a. I certify	that I took charge a	f the remains d	escribed obov	re, held on	Autopsy X.	Inspectio	n .	Inquiry .	and in my opin	nion	
SE PE	‡ ≸	10	death resulted	from: Notural	couses 🖾	Accident	Sun	ide Ho	micide .	Undeter	nined monner	1		
EXAM CERTI JLD B DIREC	f, WITH MARYI			NI.	1	(1)				0001				
	₹.\$		ACTUAL	WOUN	2001	no Ula	10	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(SPECIFY)	nt		DATE	8-25-	85
CAL EXA THE CER SHOULD	AT RE		SIGNATURE	1-041	3-0) (III	1 01 14	11.	M.D		MEDIC	AL EXAMINER	SIGNED		
MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR:	W P P	1	EXAMINER'S N	AME Marg	arita A	Kore	11 M D		111 P	enn S	treet			
TO MU EXECU	AFTER DEATH, BALTIMORE, M	_	(TYPE OR PRINT	1			1 1 9 1 1 4 1	ADDRES	S	CIIII 3	ti ee t			
5785	A A		JRIAL, CREMATI	ON, REMOVAL 23h	DATE	23c. N	AME OF CEM	ETERY OR CREMA	ATORY	23d. LÓC CITY OR		COUNT	Υ	STATE
84 BP/ 12	96	Bu	rial	8-	-30-85	Re	sthav	en Memo	rial	Gds.	Freder			id.
M DHMH -	17	24 F	INERAL DIRECT	ORG. Doug	rlas S	tauff	or			REC'D. BY R		GISTRAR'S SIG		0
(VR A15 M		116	21 Opo	ssumtown	Dilea	Ero	doni-	le Ma o	AUG	30	985	Davidson	Manage	
((-7)	1	21 OPO	220IIICOMI	LIKE	LIE	deric	K Ma. /	1/01					

ALLOA EIRER

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 RELEASEd Dy Medical Examiner TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 3

- 1	DECEASED NAME	FIRST		MIDDLE	U	AST		20 DATE OF DE	ATH MONTH	DAY	YEAR	26 HO
	TYPE OR PRINT)	JEWEL	F	ζ.	FRA	ANCIS			08	12	85	1 9
-			RACE					6 AGE (IN YEAR	(ASS BIRTUDAY)	(E LIN	DERIYEAR	IF UNDE
3	SEX			That do	S. DATE O	DAY	YEAR	AGE (INTEAK	LASI BIKINDAT	MONT		HOURS
	Female			White	01	24	1893		92	rs.		
1 70	BIRTHPLACE (STATE O	OR FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	В.			9 BALTIMORE			DEATH	
0	Wiscon	sin	U.S	-A -		NEVER A		MONTO	,			
				HOSPITAL, NURSIN	WIDOWE		ORCED	MONT 12a USUAL OC		To:	b KIND O	5 51 15 15
19	BETHESDA	EAIN		JEC PBAN "H			HOHON	(TYPE OF WORK EO	R MOST OF WORK	ING LIFE) IN	NDUSTRY	
	DETIESDA		Di	DESCEEDED IN	OOI III	10		Homen	naker		Hom	e
	SUAL RESIDENCE (IF NO. 30 STATE	ISING HOME OF OT				13d. INSIDE C	ITV 1 MAITE?	12- STOEET ADI	DECC / 7ID	CODE		
5	Maryla nd	Montg		Rockvil	le	YES T	NO 🗆	13. STREET ADI	Luxmar	or Ro	bad	2085
14	, FATHER'S NAME						MAIDEN NAM				-	
	EIRST	MID	DDLE	Kubly			zabeth		MDDLE		TTA	fty
2/	Jacob			Kubly		בנמ	zabetn				пе	ıty
, 16	WAS DECEASED EVE			166 SOCIAL SECU		17 INFORMA	NT		ADDRESS			
	NO NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	578-46-	9579	Patric	ia F.	Cother.	Same	as it	tem 1	3
15	1			1		,		1		-	APPROX	MATERITY
12	II. CAUSE OF DEA	WAS CAUSED I	ene cousir per	line by (6), (b), and	dill'	1.	E	4/ "		-	BETWEEN.	DNSET.AM
- W	Contract to the Contract			KUNFL	m 11 h	21 11 11	1.111	11110				
	1 31177	MMEDIATE	CHRISE IN	11000	22001	-	1160	-				17.7
	1160		DUE TO O	R AN ACCONSECUL	N/ F	40	1/,	/				
- 1	111		DOE 1010	77 1	11		14.	Va 1				
	Conditions, if or		(11)	ape	rase	Det 4	me	rank	/			
	gove rise to in		Lauren a		siver me		/					
	underlying cou		DUE TO, O	R AS ACONSEQUE	ENCE UP							
		10311	10-									
	PART 2 OTHER SI	GNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	R CONDITIO	N GIVEN I	V PART 1	a
- 6	N N											
	N 19a DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFO	RMED	20a AUTOPS	Y? 20b.	IF YES, WE	RE FINDIN	VGS USI
7	19a DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFO	RMED	20a AUTOPS		IF YES, WE		
7	19a DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFO	RMED					
2	190 DATE OF OPER		216. TIME C	DF INJURY						ERTIFYING YES [CAUSES	OF DEA
//	21g. ACCIDENT WAS U	INDERLYING	216. TIME C	4-14-53				YES N		ERTIFYING YES [CAUSES	OF DEA
4	OR CONTRIBUTION	UNDERLYING C	21b. TIME C HOUR A.	DF INJURY				YES N		ERTIFYING YES [CAUSES	OF DEA
4	OR CONTRIBUTION	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	21b. TIME O HOUR A. P. 21e. PLACE	DF INJURY M. MONTH DA M. OF INJURY	AY YEAR	216 HOW IN	JURY OCCURR	YES NEP NATUR	E OF INJURY IN IT	YES THE PART OF	G CAUSES	OF DEA
//	OR CONTRIBUTING [(IF EITHER NOTIFY ME 71d INJURY OCCU	ONDERLYING CAUSE OF DEATH EDICAL EXAMINER) JRRED WHILE C	21b. TIME O HOUR A. P. 21e. PLACE	DF INJURY M. MONTH DA M.	AY YEAR	21c HOW IN	JURY OCCURR	YES NEP NATUR		YES THE PART OF	CAUSES	OF DEA
//	OR CONTRIBUTING [(IF EITHER NOTIFY ME 21d INJURY OCCU WHILE NOT	INDERLYING CAUSE OF DEATH COLCAL EXAMINER) RRED	21b. TIME O HOUR A. P. 21e. PLACE	DF INJURY M. MONTH DA M. OF INJURY	AY YEAR	216 HOW IN	JURY OCCURR	YES NEP NATUR	E OF INJURY IN IT	YES THE PART OF	G CAUSES	OF DEA
//	OR CONTRIBUTING (IF EITHER NOTIFY MI 21d. INJURY OCCU WHILE NOT AT WORK AT W	CAUSE OF DEATH CAUSE OF DEATH COLOR EXAMINER) JRRED WHILE VORK (I) (this hospital	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	OF INJURY M. MONTH DA M. OF INJURY REEL EACTORY, OFFICE F	AY YEAR 19	216 HOW IN	JURY OCCURR	YES NED RED LENTER NATUR	E OF INJURY IN ITI	ERTIFYING YES MIS PART I	ORPART 2)	OF DEA NO
//	OR CONTRIBUTING (IF EITHER NOTIFY MI 21d. INJURY OCCU WHILE NOT AT WORK AT W	CAUSE OF DEATH CAUSE OF DEATH COLOR EXAMINER) JRRED WHILE VORK (I) (this hospital	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	OF INJURY M. MONTH DA M. OF INJURY REEL EACTORY, OFFICE F	AY YEAR 19	216 HOW IN	JURY OCCURR	YES NEP NATUR	E OF INJURY IN ITI	ERTIFYING YES MIS PART I	ORPART 2)	OF DEA NO
//	OR CONTRIBUTING (IF EITHER NOTIFY MI 21d INJURY OCCL WHILE NOT AT WORK 220 I certify that sow, the decent	INDERLYING CAUSE OF DEATH COLOCAL EXAMINER) JRRED WHILE COLOCK NORK	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	OF INJURY M. MONTH DA M. OF INJURY REEL EACTORY, OFFICE F	AY YEAR 19	211 LOCATIC STREET	JURY OCCURR	YES NED RED LENTER NATUR	E OF INJURY IN ITI	ERTIFYING YES MIS PART I	ORPART ?)	OF DEA NO
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DHMH - 16 50M 4/83 (VRA 15, 4)

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AND 3 TO THE FUNERAL DIRECTOR.

RETAIN PAGE 5 FOR YOUR FILES.
SHOULD BE FILED, WITHIN 72 HOURS I. RECORDS, 201 W PRESTON STREET,

PAGES 1 MOISIAM

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUNG EXECUTE THE CERTIFICATE, WRITING THE WORD" PENDING" IN PROCI. IN ITEM 18 BEEG 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG, W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMY AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAGTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION, OR REMOVAL.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120

SHOULD BE EXECUTED WITHIN 24 HOWRS AFTE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

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= STATE REGISTRAR		CERTIFICATE OF DEATH
DECEMBED	FIRE	

REG. NO. 20 DATE KNOWN OF MONTH YEAR JR M

{TYP	E OR PRINT)	iss An	20 /	Trank	OF ESTI- DEATH MATED	W ST 11/2	
SEX	4. RACE			NDER 1 YR. IF UNDER 24 H		NTH VDAY YEAR 24 HOUR	
	Female /	hit MAY	60 2 TYRS.	THS DAYS HOURS MIN	PRONOUNCED DEAD	AF PS PM	
	RTHPLACE (STATE OR	76 CITIZEN OF WHA	AT COUNTRY? 8 MAR	RIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
	Maryland	USA	WIDO	_	Montgo	mery MD	
0 CI	TY OR TOWN OF DEA	TH 11. NAME OF HOSP	ITAL, NURSING HOME, OR OT	HER INSTITUTION 12a	USUAL OCCUPATION PE OF W	Navalided.	
1	etherda	6808 W	is consing v	- Ron 221	Secretary	Command	
ISUA 30 S	e un out the fact to be from	sing home or other institution, give 13b COUNTY Month	RESIDENCE BEFORE ADMISSION) 13. CITY OR JOWN 3. COLORS 1.2	13d. INSIDE (ITY LIMITS? 13e.	STREET ADDRESS 6908 M2N	hury Rd.	
4. FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN N.	AME MIDDLE	LAST	
	ELIAS	CLINTON	FRANK	SUZANNE		BERMAN	
{YI	VAS DECEASED EVER I	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	Bethesda, Md	. 20817	
	No		148-40-4631	Suzanne Gold	dberg: 6908 Mar	bury Road	
	Canditions, if a gave rise to a cause (a) stating lying cause last.	ny, which mmediate the under DUE TO, OR A	S A CONSEQUENCE OF	Medicat		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CERTIFICATION	1/	CONDITIONS CONTRIBUTING TO DEATH BU					
CAT	190. DATE OF OPERAT	TION 196. CONDITION	ON FOR WHICH OPERATION V	VAS PERFORMED?		20 AUTOPSY?	
RTIF	No	ne				YES NO X	
EDICAL CE	UNDERLYING CONTRIBUTING	AUSE OF DEATH HOUR A.M.	MONTH DAY YEAR	to 6k over	VIER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)	
21d INJURY OCCURRED WHILE AT WORK 21d PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) AT WORK 21d COCATION STREET CITY OR TOWN COUNTY WISCOMOIN AND, BOTH BOTH COUNTY							

22a. I certify that I taak charge of the remains described above, held an

又 Inspection Hamicide

Undetermined manner

and in my apinian

death resulted fram Natural causes Accident

TITLE (SPECIFY

MEDICAL EXAMINER

EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE

24 FUNERAL DIRECTOR

NAME

236. NAME OF CEMETERY OR CREMATORY

23d LOCATION

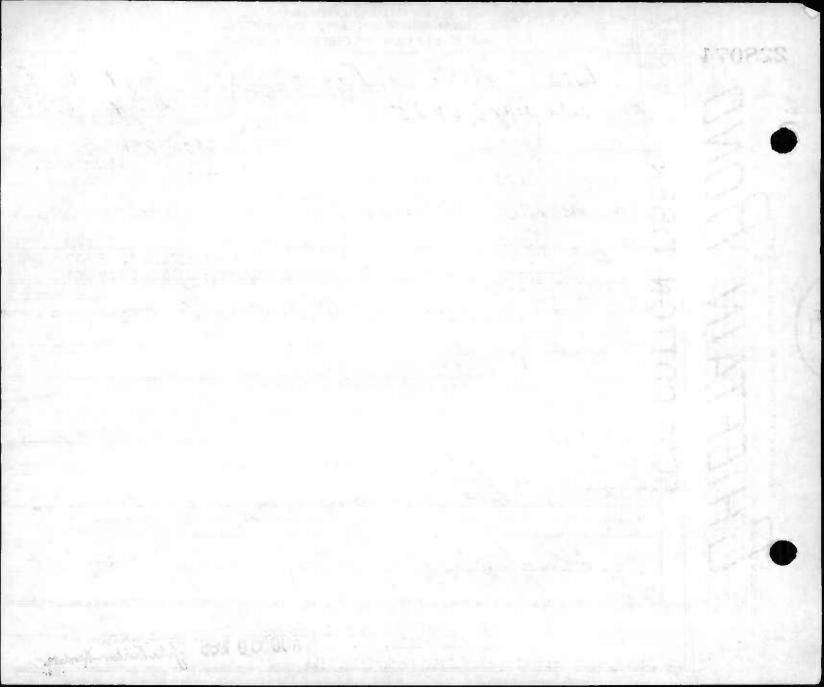
COUNTY STATE

07/84 BP 25M DHMH - 17 (VR A15 ME (5)) Burial

8-5-1985

Judean Memorial Gardens Rockville, Md.

Olney Nogy regie Danzansky-Goldberg Chapels: 1170 Rockville Pike



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR

	1	REGISTRAR	ace there	CERTIF	ICATE OF DEATH	TEG. A	2 /		
6		CEASED.NAM. FINST	n Pauline	Fr	azee /	20. DATE OF DEATY	3/		3:00 M
	3. SE	7 11-11-11-11-11-11-11-11-11-11-11-11-11-	4. RACE White	S. DATE O	F BIRTH YEAR	6 AGE (INTERSTALL III			UNDER 24 HRS
16	P	RIHPLACE (STATE OR FOREIGN COUNTRY) ennsylvania ITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNT U.S.A. 11. NAME OF HOSPITAL, NUI 18 NOWN SUGHEACHITY, GUEST	MARRIEI WIDOWE		9. BALTIMORE CITY O Move 12a USUAL OCCUPATI (1YPE OF WORK FOR MOST O	t. C	12b KIND OF B	MD. BUSINESS OR
35	13a. S Ma		NTY 13c. CITY OR T			Hamema 13e.STREET ADDRESS 6507 7	ZIP CODE		ome 0818
160	14 67	ATHER'S NAME FIRST Kimmel	My el	rs	Oma	Marie		Bak	er
/ medica		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES GI	IVE WAR OR DATES)		Wayne R. F	razee Sa	me as	items	
event, t		1 1	TE INTERVAL SET AND DEATH						
other troumotic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	serter	sim			10 9	ears
ows ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT Rheumat 19a DATE OF OPERATION	conditions contributing oid arthri	itis,	Diabetes	200 AUTOPSY? YES NO.	206. IF YES, V	VERE FINDING	
rked or Item 18 show	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH	19	21E HOW INJURY OCCURI	RED (ENTER NATURE OF INJU		OR PART 2}	STATE
Hem 21 is mor	×	220 I certify that (II) (this hosp	oital) attended the deceased from \$\frac{3}{3}\] oit view the body after death.	9. 95 , on	d that in (by) (our) opinion				
MPORTANT: #		(Kobert) 22d. PHYSICIAN'S NAME (TYPE Robert H	ORPRINI) Blee	ml	22e ADDRESS	DIRECTOR PHYSIC	0	18/31	185 md,
N N		BURIAL, CREMATION, REMOVAL ISPECIFY) Burial	1 1		Glade Cem.	Asher G	lade,	Garre	tt, M

DHMH - 16 50M 4/83 (VRA 15, 4)

1331 Rockville Pike Rockville,

Asher Glade, Garrett, Md.

23300

BY REGISTRAR 256. REGISTRAR'S SIGNATURE gune hundren- Handale

elle comment. 01010 ditte vet. 27 less A.E. U. BERGYLVERING arriand bontegonery Cable John z Gior Fith Place 20618 reach (in a No ---- 198-19-0 : Unago dano na itana 12n-o Lightentens on an arms and english

ourini. // / Son through the court finds, there is, there is, the court is the cour

neral director, page 3 in 72 hours ofter death

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE

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	REGISTRAR				CERTIFIC	AIL 01 DE			REG. NO	O			
	CEASED NAME JU	LIA		MIDDLE	FRIED)		20 DATE OF		28	1985	6:20P	
3. SE	EMALE		4 RACE WHITE		S. DATE OF E	BIRTH 2 ^{AY} ,	1890	6. AGE (IN)	EARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 H	
AU	ISTRIA	FOREIGN	U.S.A		MARRIED L		ORCED			R COUNTY			
	SILVER SPR			CRUSS HU								OWN HOME	
	AL RESIDENCE (IF NUR	13 MONT	TGOMERY	STLVER	CPRTNA 13	M. INSIDE CIT	TY LIMITS?	13e.STREET		ZIP CODE		0910	
	ATHER'S NAME UNASCERTA	INABLE	WINDLE	ERITZ	15	IDA F		ME	MIDDLE		BRAS	СН	
160 V	WAS DECEASED EVER		MED FORCES? E WAR OR DATES!	082-20-		7. INFORMAN EDWA	ARD R.	FRIED	9732 KENS	sswest SINGTO		VLAND	
	18 CAUSE OF DEAT PART I. DEATH V	H (Enter on	ly one couse per	line for (a), (b), an	d (c)						BETWEEN	IMATE INTERVAL ONSET AND DEA	
	Conditions, if any gove rise to im couse (a), statis underlying couse	mediate ng the	DUE TO, O	R AS A CONSEQUE	ENCE OF	~	ne cc	ITu.	5		7	4/23	
IFICATION	gove rise to im couse (a), stati	mediate ng the e lost. NIFICANT C	CONDITIONS CO	R AS A CONSEQUE	ENCE OF DEATH BUT NO	BR.	VATO	200 AUTO	PSY?	20b. IF YES, IN CERTIFY	WERE FINDI	NGS USED OF DEATH?	
AL CERTIFICATION	gove rise to im couse (a), stoft underlying couse PART 2 OTHER SIG	mediate ng the e lost. NIFICANT C TION IDERLYING CAUSE OF DEA	ONDITIONS CO 196 COND 196 COND 196 COND 196 COND HOUR A.	ONTRIBUTING TO I	DEATH BUT NO OPERATION V	BR.	RMED	200 AUTO	PSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED	
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DONAY DEMOR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

BP.

etained by the haspital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove codes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or men TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending

238050

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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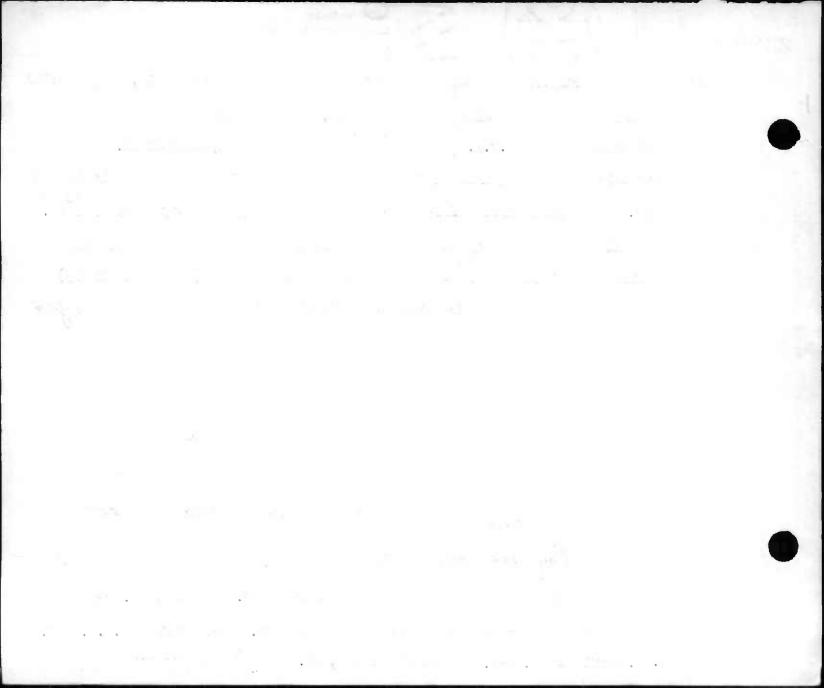
20.	REGISTRAR				CENTIN	ICAIL OI DEATH	REG. N	O			
	1. DECEASED NAME	FIRST		MIDDLE	Į.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
101	(TYPE OR PRINT)	RAPHAE	er.	WOLF	GA	NTZ	AUGUST	18.	1985	2:00	
1	3. SEX		1. RACE	11021	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	UNDER 1 YEAR	IE UNDER 24 H	
	MATE		7.77	T TOTAL TOTAL	MONTH		50	MON	THS DATS	HOURS M	
11	MALE 70. BIRTHPLACE (STA	TE OR FORFIGN		TTE F WHAT COUNTR	JUN		9 BALTIMORE CITY C	YRS.	EDEATH		
804	COUNTRY)				MARRIE		14.5				
8/	NEW YORK		U.S.		WIDOWE	D DIVORCED DIVORCED DR OTHER INSTITUTION	MONTGO	MERY CO		F BUSINESS	
10	ROCKVILLE		(IF NOT IN SI	BREW HOM	EET ADDRESS)	OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF MANAGER		INDUSTRY	MARKE 1	
智力	UAL RESIDENCE () 10. STATE Md.	13b. COUN		13c. CITY OR TO)WN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 7611 HAW	ZIP CODE		20879 Y RD.	
27	IL FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME				
57	FIRST	٨	NIDDLE	CLAST		SADIE	WIDDLE	T/T	TOTOTOTOM		
0	JACOB No WAS DECEASED EVER IN U.S. AR		GANTZ MED FORCES? 166 SOCIAL SECU		CURITY NO	17 INFORMANT	ADDRESS		KUPFERMAN		
10	(YES, NO OR UNKNOW	(N) (IE YES, GIVE	WAR OR DATES)				100	MED ACL T	corran e II.	7.01	
1	YES	WW.		1112-20-	-1514	ELEANOR GANT	'Z (SF	ME AS I		<u> 131</u>	
2	18. CAUSE OF	DEATH Enter onl TH WAS CAUSED	y one couse p	er line for (o), (b),	lastom	a MuHifno	Lange Control		BETWEEN O	MATE INTERVAL	
r, or other tr		stating the couse lost	(c)	OR AS A CONSEC		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1:0		
× miony											
	ING. DATE OF O	PERATION	196. CON	DITION FOR WHIC	CH OPERATIO	n was per formed	200 AUTOPSY?	20b IF YES, W IN CERTIFYIN YES [G CAUSES		
18 5	210. ACCIDENT W	AS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH DAY YE			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 C		OR PART 2)	
£ 9	OR CONTRIBUTING	CAUSE OF DEAT	181	P.M.	19						
ed or I	(IF EITHER NOTIF	CURRED		E OF INJURY STREET FACTORY OFFIC	E FARM ETC)	211 LOCATION STREET	LITY OR TO	WN	COUNTY	STATE	
100			all attended	the deceased from	7	15 10 84	8/18	10	85	thor (we)	
n 21 is	obove (1)	we) (did) (did not	8//8	the deceosed from 19 ly olter death		nd that in (my) (aur) opinion	death occurred on the d	ote and hour ar		auses stated	
T: If her	226 SIGNATUR	Pay	mira	Ban		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	221. DATE S	18-8	
MPORTANI	22d PHYSICIAN	I'S NAME (TYPE)	PRINT)			22e ADDRESS					
od /		RAYMOND	BASS	5		3929 FERRARA	DR. WHEAT	ON, Md.	2090	6	
<u> </u>	23s BURIAL, CREMAT		23b DATE		NAME OF C	EMETERY OR CREMATORY	236 LOCATION				
-	(SPECIFY) BUR	IAL				D VETERANS CH		HAM I	P.G.C.	Md.	
/83	24 FUNERAL DIRECT	OR		ADDRESS			TE REC'D. BY REGISTRAR			URE	
	W. W. CHL	AMBERS C	O. INC.	SII	LVER SF	RING, Md. AU	3221985	while David	Mert -	A MERCEN	

SILVER SPRING, Md. AUG 2 2 1985

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the hospital or attending physician.



STATE OF MARYLAND

DHMH - 17

(VR A15 ME (5))

24 FUNERAL DIRECTOR RICHARD RAPPONES INC. WASHINGTON

20009

250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE

-

STLANGE ALLOWANTS

TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be retained by the haspital or attending physician.

FOR

242181

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	3	J	

		REGISTRAR	C	ERTIFICATE OF DEATH	REG NO.	
-		CEASED NAME Leona	MIDDLE A. (39-Ner	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	3. SE.		RACE BIACK I	DATE OF BIRTH AONIH AUG. 6. 1910	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
1		NASH-D.C.	UID.H. IW	MARRIED NEVER MARRIED IDOWED DIVORCED	MONTGOM	ERY MI
10	K	ENSING HOME OF DEATH	1. NAME OF HOSPITAL, NURSING HOUNDING HOUND IN SUCH FACULA SIVE STREET AND CONTROL OF SUCH SIDENCE BEFORE ADM	Ardens Nursina	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OF
16	130.5	ATHER'S NAME		13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAM	130 STREET ADDRESS / ZIP CODI 334 AINCOIN	Ave/ 2085
3/	16a V	UNKNOWN VAS DECEASED EVER IN U.S. ARMI		NAOmi	WARREY	7
no medio	(578-07-2	1913 Dorothy G	1	SAME #5# 13 L BETWEEN ONSET AND DEATH
njury, ar ather troumot	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE (b) * DUE TO, OR AS A CONSEQUENCE (c) ONDITIONS CONTRIBUTING TO DEA	E OF	INAL DISEASE OR CONDITION GIV	/EN IN PART 110
Lows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Item 18 sh	EDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	ED (ENTER NATURE OF INJURY IN ITEM 18 (PART 1 OR PART 2)
D	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM	211 LOCATION STREET	CITY OR TOWN	COUNTY
orke			The state of the s			- ()
tem 21 is morke		The second diversity of the house of the decorated diversity of the second div	8/19/85 10.	, and that in (my) (our) opinion of DEGREE	to Life And Adeath accurred to the date and hou	19 , that (I) (we) lost in and from the causes stated
Z - 7		224 Feetify that (I) (this hospital saw the deceased alive or above, (I) (we) (did) (did not)	8/19/85 10.	DEGREE ATTENDING PHYSICIAN PHYSICIA	MEDICAL STAFF DIRECTOR PHYSICIAN	a and from the causes stated
2	23a. E	The Learning that III (this household by the deceased alive an house, (I) (we) (did) (did not): 22b. Signature	Mevendino, M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	a and from the causes stated

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

1 sound 4. Garnes 2/81/82 Milled 1/ALE 2019 CHEST PART 1/ALE 75 WASH 200 L U.S.A. T. X. 4 7 5 6 6 6 6 7 1 1 1 1 Since may have been simpled to a mile of the contract of the c Lakace - NACO (CARACE) No = 1 (4 m) EMERGE TO DESCRIPTION (11 ME) EMERGED A STATE OF THE STA

FOR = STATE REGISTRAR CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL MYGIENE

4	La
3	3 1

	NEO IO I III III				REG. NO.				
	CEASED NAME FIRST Maris	Mercedes		utier	2a. DATE OF DEATH M		DAY YEAR	2b HOUR	a.
			U.C.		0		1985	2:40	147
3 SE		4 RACE	S. DATE C	p	6 AGE (IN YEARS LAST BIRTH		MONTHS DATE	HOURS	A HRS
	Female	Caucasian	Feb	2 1934	57	YRS	MOITING DATE	NOURS	MIN.
70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	V2 8		9 BALTIMORE CITY OR		OF DEATH		
	Haitia	Haiti		D NEVER MARRIED	Mantaone	2027 (Town to		
10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWE		Montgome		126 KIND O	E RIISINIES	MD.
-	Rockville	11014 March	EET ADDRESS)	oad	Teacher				3011
USU	AL RESIDENCE LIF NURSING HOME OF								
	aryland Mont	gomery Rocky	ille	13d Inside City Limits? YES NO 🛣	12201 Riv	er E	Road	20851	4
14 F/	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		145		- 7
	Auguste	Gauti	er	Carnen	MIDDLE		Gai	utie	r
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO	17 INFORMANT	ADDRES	S			
	YES NO OR LINKNOWN) {IF YES, GIV	578-70	7-7551	Max A. Gaut	tier, Sr.	Se	ame as	13e	
	IN CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), (and ic				APPROXI	MATE INTERVI	A(EATH
	PART I. DEATH WAS CAUSE	D BY		FAILURE				mo.	CAIII
	MMEDIA	TE CAUSE (a)							
		DUE TO, OR AS A CONSEO	ARCIN	IDMA OF TH	YE BREAST		21	VEARS	5
	Canditions, if any, which gave rise to immediate	(b)	TICC//L	DAY SC III	12 17/20/18/				
	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	UENCE OF						
	onderlying coose loss	(c)			W				
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE OR CONDI	TION GIV	EN IN PART 110	2	
CERTIFICATION									
CA	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED			, WERE FINDIN		12
TIF					YES NO	YE		NO 🗌	
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 P	ART I OR PART 2)		
	OR CONTRIBUTING CAUSE OF DE	AIR	DAY YEAR						
WEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	17	211 LOCATION		-			
A.	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC }	STREET	CITY OR TOW	4	COUNTY	STA	ATE.
	AT WORK AT WORK			1	pla		. 9-		
	saw the deceased alive an	not attended the deceased from	6.	nd that in (my) (too) apinion d	looth seemed as the date			that (II-(we	
	abave, (1) (we) (did) (did no	t) view the body after death.			edin occurred on the dote	ona nou			ea
	22b. SIGNATURE	- Ohin		DEGREE	MEDICAL STAFF		22c. DATE	SIGNED	_
	Lews	Well	/	4 / ATTENDING PHYSICIAN	DIRECTOR PHYSICIA	AN	18/0	1/1	
	22d. PHYSICIAN'S NAME (TYPE C			22e ADDRESS					
	LEWIS N	CAHICL MS		5411W.CEDA	RCN, BETT	4050	RAD .		
	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STA	15
	Burial	8/10/85	Gate d	of Heaven	Silvering	Mont	gomery		
24. F		Rockville P.	le Da	23a DATE	KEL D'BT KEGISIKAK Z	b. REGIST	RAR'S SIGNAT	URE	
TY	son Wheeler	Funeral Home	To a	20852 AUG	1 4 1555	della.	Savidon	Bud a	
U		TAHELAT HOME	IDC.	~0072		1000	ALCOHOL: A		-

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, Afre should be detached for use as with the State Dept. of Health

and Mental Hygiene prior to burial, cremation, ar removal

IMPORTANT: If them 21 is marked or them 18 shaws any

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578-10-10-10-1 . Benetice. LE. Same as 13c

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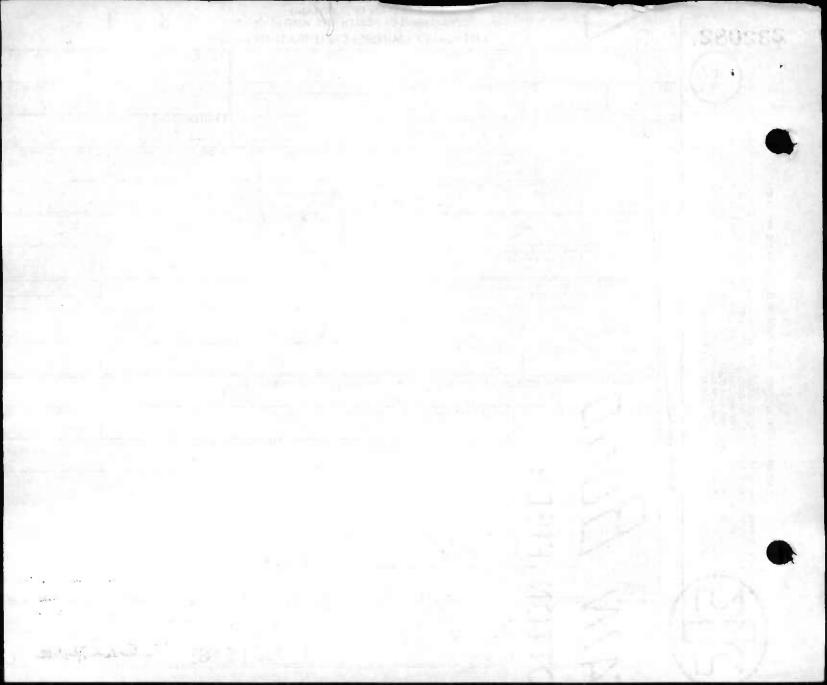
THE RESERVE OF THE PARTY OF THE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

35	DEPARTMENT	OF HEALTH AND MENT	100	2	3	3		4
	MEDICAL EXAM	INER'S CERTIFICATE	OF DEATH		REG. N	10.		
	MIDDLE	ŁAST	2a DA	TE K	NOWN	MONTH	DA	Y

2000	1-	FOR STATE	-22a 10/	16/8			HEALTI		NTAL HY		3	3 1	4.		
ZUBK,		REGISTRAR	The state of the state of		WED	DICAL EXAMI	VER'S		ATE OF	DEATH	REG. NO.				
(X		CEASED NAM	FIRST			MIDDLE		LAST		2a DATE K	NOWN X	MONTH	DAY YEAR	2b. HOUR	
34.5007/			Alph	na	F	Rolando	G	erald		DEATH	MATED	8/	11/19 8	5 M	
	B SEX	MALE	4 RACE	5. DATE		YEAR LAST BIRTH	MONT		HOURS MI	N PRONOUNG	ED	MONTH O. /	DAY YEAR	10:95	
39020	_	RTHPLACE (S	BLACK	7h CIT	04	AT COUNTRY?	rs.			DEAD	DE CITY OF	8/	11/19 8	ol bw	
NECES OF PARTY OF PAR	PA	NAMA			PANAMA		MARR		ER MARRIED DIVORCED	Monto	omery	Coun	nty	MD.	
PAGE FIER PAGE	10. C1	Gaithe	of DEATH ersburg	(IF N	OT IN SUCH FAC	PITAL, NURSING HOME STREET ADDRESS SUMMIT AT		HER INSTITUT	ION 12	ORMOST OF WORK		OF WORK 1	OR INDUST BANK	USINESS	
AND 3 TO RETAIN HOULD B	13a. S		(IF IN NURSING HOME		ISTITUTION, GIV	RESIDENCE BEFORE ADMIS 134 CITY OR IGWN GAITHERSE	BURH	13d INSIDE CIT	TY LIMITS? 134	STREET ADDRES	Summit	Stre	et 21	207	
SS 32		THER'S NAME FIRST LDRED		MIDDLE N	N. GERALD								HITEMAN		
AFTER DESIVE PAGE H FORM H FORM ISION OF		AS DECEASE	DEVER IN U.S. A	RMED FOR		16b. SOCIAL SECUR	TY NO.	17 INFORM	ANT		ADDRESS				
JRS AFTER 3. GIVE PA WITH FOR DIVISION		NO	,			110-44-45	71	DR. A	ALFRED	GERALD,	11801	ROCK	VILLE P	PIKE	
V 24 HOU N ITEM 18 ALONG ALONG YGIENE, OVAL.		Candition gave ris	IMMEDIA os, if any, whice to immediate stating the under	ED BY: ATE CAUS	E (a)] DUE TO, OR /	for (a), (b), and (c).) Renal infa AS A CONSEQUENCE	OF	n with	chron	ic pyelo	nephri	tis	APPROXIMA	IE INTERVAL ET AND DEATH	
XECUTED JG" IN P AL EXA BURIAL AND ME ATION,		lying cau			(c)	UT NOT RELATED TO THE TEX		E DR (DNDITION	GIVEN IN PART 1	0					
HOULD RD "P HEF / HEED OF HE	CERTIFICATION	19a. DATE OF	OPERATION		9b. CONDIT	ION FOR WHICH OPE	RATION V	/AS PERFORM	AED?		-		20 AUTOPSY	(? NO []	
THE WOOD BE STANDED BE		UNDERLYING	OR CAUSE OF		Ib TIME OF HOUR A.M. P.M.	MONTH DAY YEA	AR 21c. H	OW INJURY	OCCURRED U	enter nature of inju	RY IN ITEM 18 PA	RT I OR PART	2)		
JAER: THIS CERT CATE, WRITING FORWARDED : OR: PAGE 3 SH HE STATE DEPA (ND, 21201 PR	MEDICAL	21d INJURY C			Te PLACE O			CATION		CITY OR TOW	N	COUN	NTY	STATE	
ERTIFIC DIRECT WITH 1		22a 1 certi death results ACTUAL SIGNATURE		ge of the	remains fine	ribed above, held an	Autop	Hamici		Inquiry Jndetermined man	ner ,	DATE SIGNED	8/12	/85	
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, N	1	EXAMINER'S (TYPE OR PRI	NT) Gre	-		auffman, M		ADDRESS_	111	Penn St	1				
BP/7/4	(5	CREMAT		8-	3-85	SECURITY		ESS, I	INC.	3d LOCATION CITY OF TOWN BALTIMO				STATE	
DHMH - 17 (VR A15 ME (5))	Z4 F	2501 G	TOR SONS WYNNS FA	LLS I	PARKWA	ME, INC. Y		2	AUG	d. by registrar 1 5 1985	25b REGIS	Levida	- Bonda	92.	

DHMH - 17 (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE

3

Co Swill Profice

/	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.		
		IRST		MIDDLE	l	AST	20 DATE O			DAY YEAR	2h HOUR
TYPE	OR PRINT! Ker	ndal	.1	D.	Gif	ford	Aug.	17,	1985		5:15 p
3. SE)		4	RACE		S. DATE C		6. AGE (IN	YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		Cauca	sian	Marc	h 4, 1928		57	YRS	MONTHS BATS	HOOKS MIN.
a BII	RTHPLACE ASTATE OR FORE	iGN 7	CITIZEN OF	WHAT COUNTRY?	B AAA DDIE	D NEVER MARRIED	9. BALTIMO	RE CITY	OR COUNTY	OF DEATH	
M	aine	Ü	Inited	States	WIDOWE	DIVORCED	Mon	tgome	ry C	ounty	MD.
	TY OR TOWN OF DEATH	1	1. NAME OF I	POSPITAL, NURSIN PFACILITY, GIVE STREET, METY GEN	GHOME C	Hospital	120 USUAL (TYPE OF WO) Bric	K FOR MOST	OF WORKING LIF	E) INDUSTRY	F BUSINESS OR ruction
130. S	AL RESIDENCE (IF NURSING ITATE 13b	. COUNT		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Panama	N.	13d INSIDE CITY LIMITS? YES X NO []	Mote]	ADDRESS	ZIP CODE	Bikini Highwa	Beach y 98 3240
4 FA	THER'S NAME	AA	IDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	WIDDLE		LAS1	
	Ralph		Α.	Gifford	1	Natalie		MODIE		Day	
	AS DECEASED EVER IN U		ED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDE	RESS		
14			WAR OR DATES	020-22-5	288	Carolyn Zin	mmer,	Mer	cer,	Maine	
	18 CAUSE OF DEATH IE	nter only	one cause per	line fargo), (b), and	l jc	A 0				BETWEEN	MATE INTERVAL
	PART I. DEATH WAS		CAUSE (a)	Cher	wal	uvest					10.12
CERTIFICATION	PART 2 OTHER SIGNIFICANT		naly	Artin	1 7	NOT RELATED TO THE TERM NOT RELATED TO THE TE	20a AUT	OPSY?	20b IF YES	, WERE FINDIN YING CAUSES	IGS USED OF DEATH?
ERT	210 ACCIDENT WAS UNDERLY	YING M	21b. TIME O	FINJURY	-	21c HOW INJURY QCCUR	RED (SNIER N	NO LA	YE IN ITEM 18 P		NO 🗌
	OR CONTRIBUTING CAUS	E OF DEATH	HOUR A.	M. MONTH DA		NA					
MEDICAL	(IF EITHER NOTIFY MEDICALE		21e PLACE		19	211 LOCATION		-	_		
ME	WHILE NOT WHILE			EET FACTORY OFFICE F.	ARM ETC)	STREET		CITY OR 1	OWN	COUNTY	STATE
	22a.1 certify that/(I) (the	dive on.	8	195	, 8 , or	nd that in (my) (aur) apinion	death accurre	& on the c	date and hou		that (I) (we) last
J	22b. SIGNATURE	(did not)	view the body	after death.		DEGREE ATTENDING PHYSICIAN	MEDICAL	STA PHYSI		22c DATE	17 25.
	22d. PHYSICIAN'S NAME	R	PRINTI ASS	M.D.		22e ADDRESS 11.8	12 T	they	sina	15 Ln.	
23a B	URIAL, CREMATION, REM	AOVAL	23b. DATE Au 21,]	19. Pr		EMETERY OR CREMATORY S Cemetery	23d LOC Nort	ORTOWN	airfi	COUNTY	aine
24 FU HO1	mes, P.A.	Roc	A. Pu kville	mphrey Maryl	Fune and	ral 20850 AUI	G 2 6 1	REGISTRAI	25b. REGIST	RAR'S SIGNATI	JRE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOS

Transity 190 to 100 March 190 March 1

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPEIENE CERTIFICATE OF DEATH

2 3 3 1 6

REGISTR	AR			CERTIF	ICATE OF DEATH	RE	G. NO.		8.5
I DECEASED N	AME FIRST		MIDDLE	L	AST	20. DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR
TYPE OR PRINT	HELEI	N	MAY		GILSON		8-	18.85	965p
3. SEX	110.00	4. RACE		5. DATE C	OF BIRTH	6 AGE IN YEARS L	AST BIRTHDAY)	MONTHS DAY	R IF UNDER 24 HRS
FEMALE		CAUCAST	AN	AUG 2	29.1900 YEAR	84	YRS		S HOURS MIN.
O BIRTHPLACE	(STATE OR FOREIGN		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE C			
WASHI	IGTON. D. C	. U.S.A		WIDOWE			MONTGON	MERY	M
M CITY OR TO	VN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	12a USUAL OCC			OF BUSINESS O
SILVE	R SPRING		CROSS HOST			HOUSE			
USUAL RESIDEN	ICE (IF NURSING HOME	OR OTHER INSTITUTION	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP CO	DE	
MARYL		NTGOMERY	SILVER S		YES XX NO -	9134	ETON F	ROAD	20901
14 FATHER'S NA		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	DIE		AST
	JAMES	В.	MA	4	RACHAEL		В.		WHEAT
160 WAS DECE	ASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT		DDRESS		
NO			215-46-	1912	JOHN A. GIL	SON, SR.	SAME	AS 13	HUSBAN
gave ri couse underlyi	ns, if ony, which the to immediate o), stating the ng cause last OTHER SIGNIFICAN OF OPERATION	T CONDITIONS CO	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		CONDITION O	GIVEN IN PART	
SIG. ACCID	OF OPERATION	TVI CONDI	ITION FOR WHICH	OPERATION	N WAS PERFORMED	YES NO	INCER	TIFYING CAUSI	
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF I NOTIFY MEDICAL EXAMI	DEATH HOUR A.	m. month da m.	YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE C	INJURY IN ITEM I	8 RART I OR PART 2	
WHILE AT WORK	NOT WHILE	21e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
22a.1 cert	ify that (I) (this has the deceased alive e, (I) (we) (did) (did	on lines	18 198	, an	d that in (my) (our) opinion	, to	the date and h	. 19 85 our and from th	, that (I) (we) lo
22b. SIGN		1 Hero		5	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [22c DA1	ESIGNED
BE,	ENARO A	FITZGER	ralb		217 UNIV. BLU	DE, SL	KNSPRII	ve, Md	2090
230 BURIAL, CR	EMATION, REMOV	AL 236. DATE			EMETERY OR CREMATORY	23d LOCATION		Shouty	STATE I
	BURIAL	8/21/85		TE OF	HEAVEN CEMET	ERY SILV	VER SPR	ING M	ONT STATE N
24 ELINEDAL DI									
	NIV.BLVD.	CIS J. CO			250. DAT	E RECID BY REGIS	TRAR 256 REGI	STRAR'S'S IGNA	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

		REGISTRAR			CLKIII	ICAIL OI DEATH	REG. NO.			
	I. DEC	CEASED NAME FIRST		IDDLE	Į.	AST	20 DATE OF DEATH MO	ONTH DAY	YE AR 2b	HOUR 5
		ETHEL	E	4	(GOLD	8	-8-	85 2	4 M
	3. SE)		4 RACE	1	5. DATE C		6. AGE (IN YEARS LAST BIRTHD	AY) IF UN	HS DAYS HOL	URS MIN.
1		temale	who	te	Jan.	44 4045	68	YRS		
1		RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	MARRIE	DENEVER MARRIED	BALTIMORE CITY OR	COUNTY OF	DEATH	
4		ASh., D.C.	U.S.		WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPATION	mer	A PUNID OF DU	MD.
2	B	thesdo md	ME NOT IN SUCH	SPITAL, NORSH		ital	(TYPE OF WORK FOR MOST OF W Computer Res	OKKING CIFE? I	kind of Buntustry Bureau	
7		TATE 1136 COUR	gomery			13d INSIDE CITY LIMITS? YES [2] NO [13e STREET ADDRESS / Z 909 No. Belo	IP CODE grade R	load (20	0902)
2	14 FA		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
2		ABRAHAM		MARCU		DEBORAH	ROSE		SILVER	BERG
			MED FORCES? E WAR OR DATES)	166 SOCIAL SECT		17 INFORMANT	ADDRESS		Md. 209	
		NO		579-14-	7013	Irving Gold;	909 No. Belo	rade R		
	-	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per l D BY:	ine for (a), (b), or	-	50111145 65	110.10	-	APPROXIMATE BETWEEN ONSET	
		IMMEDIAT	E CAUSE (o)	KESPIRA	IURI 1	PAILURE, SE	VEKE		6 VA	175
		Conditions, if ony, which	DUE TO, OR	RHEUM!	ATT)I	LUNG DI	SEASE		MONT	45
		gave rise to immediate cause (a), stating the	1b)			AUTO PI	101116		110	/
		underlying couse lost	DUE TO, OR	AS A CONSEOU RHEUMA		ARTHRITIS			YEAL	rs
		PART 2 OTHER SIGNIFICANT O	CONDITIONS CO			NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN	N PART 10	
	O.									
	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	1 OPERATIO	N WAS PERFORMED			RE FINDINGS	DEATH?
-	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INTURY		131: HOW IN IURY OCCUR	YES NO	YES [,	0 🗆
		OR CONTRIBUTING CAUSE OF DEA	HOUR A.A	A. MONTH D		THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	ALIEW IR PART I	DR PART 21	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE C		19	211 LOCATION				
	ME	WHILE NOT WHILE D		ET FACTORY, OFFICE	FARM ETC }	STREET	CITY OR TOWN		COUNTY	STATE
		22a.1 certify that (1) (this bosper	rail ottended the	deceased from	AV6	5 19.85	10 AVE 8	19	85 that	(Is <u>(we</u> fflost
		sow the deceased alive on above, (1) (we) (aid no			85 . or	nd that in (my) (our) opinion	death accurred on the date	and have and		
		226. SIGNATURE	Ti view the body o	iffer depth.		DEGREE	,	- 17	220 DATE SIGN	VED
		Edva CHIP	14	rip. FC	CP	ATTENDING PHYSICIAN	DIRECTOR PHYSICIA	иП	8/81	185
		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	1		22e ADDRESS			-	
		EDWARD S	, MEI	4 LMAI	Y	5625 Bradley	Blvd.; Beth	esda,	Md.	
	23a B	URIAL, CREMATION, REMOVAL	23b DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	100	unty	STATE
		Burial	8/9/8	35 M	It. Le	ebanon Mem.	Pk .: Adelph	ni: P.	G : M	
			NSKY-GO			.CHPLS.	E REC'D. BY REGISTRAR 251	REGISTRAR	SSIGNATURE	
	11	70 Rockville	Pike:	Rockvi	lle,	Md. THIC	4-0 4005 14	Kanida	mande	3 a

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detached for us with the State Dept. of He TO HOSPITAL BP.

> DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If He

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE CERTI

ц	E P	41,			MIND	MARKET	AIMP	HIAIRIAE		
F	1	A	T	E	OF	DEA	HT		REG	1

	REGISTRAR						REG. NO.		
	CEASED NAME	FIRST	MIDDLE	L	ST	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
-	H	nnie	MAE	Gor	don		8.1	2.85	/ AM
3 SEX	X	4. RAC		5. DATE O	F BIRTH	6. AGE INYEA	RS LAST BIRTHDAY)		IF UNDER 24 HRS
	F		1.1	MONTH	DAY YEAR	6	4	MONTHS DATS	HOURS MIN.
7 . RI	RTHPLACE ISTATE OR FOI	OCIONI ZI CIT	IZEN OF WHAT COUN	TRY2 8	0/4/	& BALTIMORI	CITY OR COUNTY	Y OF DEATH	
74 01	OUNTRY)	(1/4	MARRIE	_	Correct		0	
Y	IKGINIA		U.JA.	WIDOWE		12a USUAL OC	Tomer	/	BUSINESS OR
10 0	ITY OR TOWN OF DEAT	H (JF	NOT IN SUCH FACULTY, GIVES	TREET ADDRESS)	R OTHER INSTITUTION		OR MOST OF WORKING LI		BUSHAESS OR
-	SILVER SPRIN	gind 97	OLY CROS	5 HOS	DITAL	HOME	JAKER		
USU/ 13a. S	AL RESIDENCE IF NURSIN	SHOME OR OTHER IN	ISTITUTION GIVE RESIDENCE		13d INSIDE CITY LIMITS?	13e.STREET AD	DRESS / ZIP CODE	E	
MAR		NTGOMER			YESXX NO	1815	SHERWOOD	ROAD	2090:
	ATHER'S NAME				15. MOTHER'S MAIDEN NA	AME	WIDDLE	LAST	
	ERNEST	WIDDIE	JESLEY	HEFLIN	I MABE		GRACE	EMBR	FV
16a. V	VAS DECEASED EVER IN			SECURITY NO.	17 INFORMANT	L	ADDRESS	Cirior	
1	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR O	R DATES)	1 01/1	COTILITALI I CO	งกกงน	CHIE AC	12	HUSBAND
NO					WILLIAM L. GI	UKDUN	SAME AS		NATE INTERVAL NSET AND DEATH
	18 CAUSE OF DEATH PART I. DEATH WA	Enter anly one	cause per line for (a), (b	/ // /	la acrella	Wes	100-6	BETWEEN O	NSET AND DEATH
		MMEDIATE CAU	SE(0) Cere	nay	rusuun	-000	in		
		DI	UE TO, OR AS A CONS	EOUSINCE OF	Gal the	1 Mul	DOCLO	2 1 7 7	
	Conditions, if any,	which ((b)	all	May 100		1020		
	gave rise to imme		UE TO, OR AS A CONS	EQUENCE OF					
	underlying cause		0E 10, OK AS A COINS	EOOLINEE OF					
	PART 2 OTHER SIGNA	FICANT CONDI	TIONS CONTRIBUTING	TO-DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE.	OR CONDITION GI	VEN IN PART, Tra	1
Z	17 ACT E GIVEN GIGI	10 has	hat	Carca	ucua	JP to	co 151	Ke BS	
CERTIFICATION	19a DATE OF OPERATION	ON 19	b. CONDITION FOR W	HICH OPERATIO		20a AUTOP	SY? 20b. IF YE	S, WERE FINDIN	GS USED
S.	7,4 0,112 01 01 21111					YES 🗆		IFYING CAUSES (OF DEATH?
=	21a. ACCIDENT WAS UNDE	BLVIDIC [7]	b. TIME OF INJURY		21c. HOW INJURY OCCU		7		140
	OR CONTRIBUTING CA		HOUR A.M. MONTH	DAY YEAR	21C 110 W II JOKI OCCO	KKED (ENIERNAIL	RE OF INJURY IN TEM ID	PART I OR PART 2)	
OA	(IF EITHER NOTIFY MEDICA	L EXAMINER)	P.M.	19					
MEDICAL	21d INJURY OCCURRE		e PLACE OF INJURY	FFICE FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
2	AT WORK NOT WHILE	E			10.05				/
	22a I certify that (1) (this hospital) att	ended the deceased f		19_	, ta			hat (1) (ve) last
	saw the deceased	grive an	8-11-	19 85 ar	ed that in (my) (au apinion	n death accurred	on the date and ho	our and from the c	ouses stated
	22b. SIGNATURE	(did not) view	the body alter death.		DEGREE			22c DAJE S	1
	1/12	eller	1/ha	nest	ATTENDING	MEDICAL	STAFF	8/1	12/85
	201 BUNGISTANUS	0	-		PHYSICIAN 22e ADDRESS	DIRECTOR	PHYSICIAN	0/1	7 4 5
1.6	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	2		1 (2) 1 7	60.06	: n () . a	8.1	POR MI
	KOBER	TKR	HOTEK		10313	OLO VCO	111 une	AL	DIO IO.
	BURIAL, CREMATION, R	EMOVAL 23b.	DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCAT	ION	COUNTY	STATE
	(SPECIFY) RUR	TAI	8/15/85	DADKIAL	UN CEMETERY		VILLE	MONT	MD.
	DUK	IAI	11.77.63		VIV. CITIES IN THE	110011			

DHMH - 16 60M 7/84

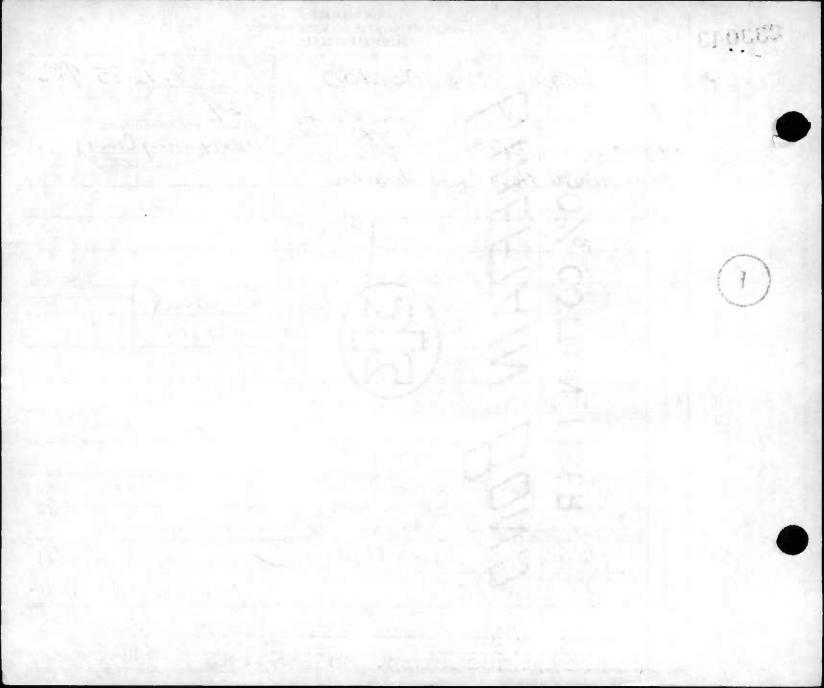
BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove corbai with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or res

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death ceretained by the hospital or attending physician.

FRANCIS J. COLLINSDRESS
500 UNIV. BLVD. W., SILVER SPRING, MD.



STATE OF MARYLAND

2	- "7	2	- 8	9
line	3	O	3	1

	FOR STATE REGISTRAR		DEPARTM		TH AND MENTAL HTG ATE OF DEATH	REG. NO.		
1	1. DECEASED NAME (TYPE OR PRINT)	BERT S	1RKOSK)	LAST C	PRIONIR	1	Z A	28. HOUR 930 p
	Male Male	1. RACE	CASIAN	S DATE OF 8	IRTH DAY YEAR 26 Z6	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 14 HRS
9	76. BIRTHPLACE (STATEORF COUNTRY) New York		ed States	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Monts uma	2.5	м
C	Kensengt		F HOSPITAL, NURSING		AST	TYPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY	OF BUSINESS OF
5		Mont gomery	13. CITY OF TOWN	1 / 1130	I. INSIDE CITY LIMITS?	3915 Prospect	Street	75
0	14. FATHER'S NAME	Sirkosh			MOTHER'S MAIDEN NA FIRST Not Avai	ME MIDDLE	Dodson	
1	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) ARMY 1949			13 Elizate	ech Hordon	arte	٠
	PART I. DEATH W	H (Enter only one cause p VAS CAUSED BY: IMMEDIATE CAUSE (a)	MOFETN	Fie C	excenore	Esophagon	1/8	CHARL SALES SEATH
	Conditions, if any, gave rise to imm	, which (b) mediate	OR AS A CONSEQUE	NCE OF	insuffic	renj	7/8	5

couse

238. BURIAL, CREMATION, REMOVAL (SPECIFY)

J	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1
П	NONE

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	YES DY	NO	206. IF YES, WE IN CERTIFYING YES		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	,	CITY OR TO	vn (OUNTY	STAT

220.1 certify that (1) (this haspital) patterided the deceased saw the deceased alive an DEGREE

and that in (my) (aur) apinian death occurred on the date and haur and fram the causes stated

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS

STATE

23c. NAME OF CEMETERY OR CREMATORY

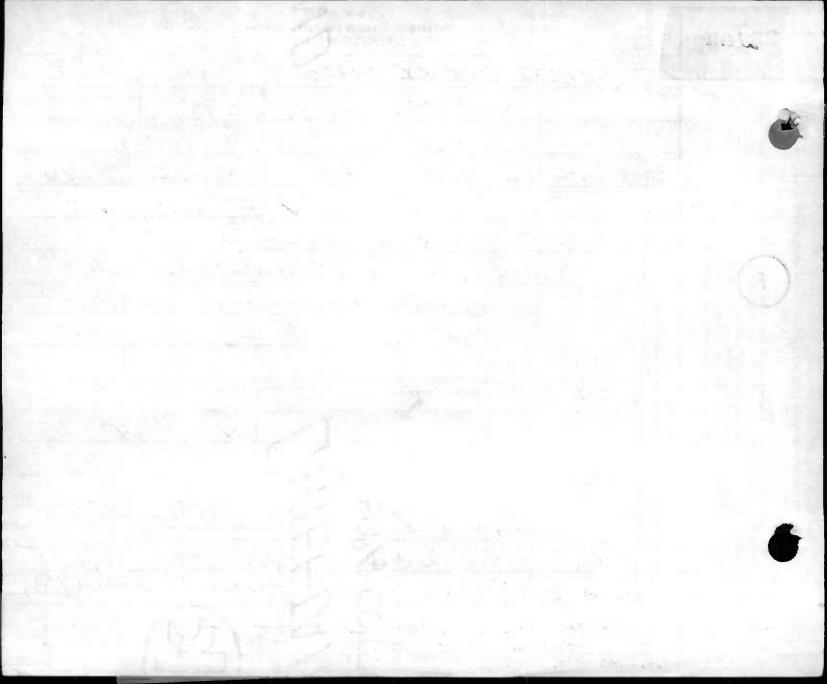
23d LOCATION Alexandria

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 50M 4/82 (VRA 15, 4)

Aug. 4, 1985 Metropolitan Crematory Cremation 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes Bethesda, Maryland

Virginia



must be notified at once

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event

3

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	i d
CERTIFICATE OF DEATH	
	_

ILL OF HEREITI WIND	MILITIAL III OILIAL	
CERTIFICATE OF	DEATH	REG. NO.

		REGISTRAR							REG. NO.		
1	(TYPE	XX	OLIVIA XXXXX	X	EVA XXXXXXXX	C	orabis		AUGUST 25.1	985	9:15A-M
	3. SEX	(4	RACE		5. DATE C		6. A	AGE (IN YEARS LAST BIRTHDAY)	ONTHS DAYS	HOURS MIN
1		EMALE		CAUCAS		OCTO	BER 5,1903	0.0	81 YRS	NE DEATH	
1	17	RTHPLACE (STATE OR F OUNTRY) TALY		u.s.A.	WHAT COUNTRY?	WIDOWE	D DIVORCED [BALTIMORE CITY OR COUNTY OF MONTGOMERY		MD.
	Wf	ty or town of dea HEATON	1	1800 H	HEACHLITY, GIVE STREET	RIVE	OR OTHER INSTITUTION	HÖ	USUAL OCCUPATION (PE OF WORK FOR MOST OF WORKING LIFE) USEWIFE	126 KIND C	DF BUSINESS OR
)	13a. S MA1	RYLAND	MONT G	Y	GIVE RESIDENCE BEFOR 134 CITY OR TOV WHEATOI	VN I	13d Inside City Limits? Yes XX NO 🗆	1	STREET ADDRESS ANSODER	IVE	20902
)	14 FA	THER'S NAME FIRST ANGE LO	MI	DDIE	ROSETTA		IS. MOTHER'S MAIDEN I	NAME		eANGO'I	Is
	[Y	AS DECEASED EVER ES NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	578-03		AUGUST GRA	BIS	SAME AS 13	HUS	BAND
1 100		18 CAUSE OF DEATH PART 1, DEATH W	H (Enter anly AS CAUSED IMMEDIATE	BY:	tine far (a), (b), ar	ndici.i	MY A	1111	IST	SETWEEN I	MATE INTERVAL ONSET AND DEATH
		Conditions, if any,	which	DUE TO, OI	AS A CONSTOL	ENCE OF	FAILU	NE		11/	2 4175
		gave rise to imm cause (a), stating underlying cause	g the	DUE TO, OI	RAS A CONSEQU		ACTIVE	1	top ATTIS	3	1/2 4/25
	NOI	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINA	L DISEASE OR CONDITION GIVE	V IN PART 1	a
1	CERTIFICATION	19a DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED			WERE FINDII ING CAUSES	NGS USED OF DEATH? NO
		710. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS	AUSE OF DE ATH	216. TIME O HOUR A.	M. MONTH D	AY YEAR	216 HOW INJURY OCC	URRED	(ENTER NATURE OF INJURY IN ITEM 18 PAR	tt (OR PART 2)	
	MEDICAL	21d INJURY OCCURR	RED	21e PLACE (OF INJURY SEET, FACTORY, OFFICE,		21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		220 I certify that (I) saw the decease abave, (I) (we) (d	(this hospita	1206	25 19	- 1000	19_7 nd that in (my) (our) opini	on deat	to PUG 25 16 th occurred on the date and hour of		that (1) (we) last causes stated
		226 SIGNATURE	am	leas	lem	7	DEGREE ATTENDING PHYSICIAN	i Do	MEDICAL STAFF	27c. DATE	
		Nell &	AMÉ (TYPE OR I	ead &	o Mr)	650 Lit	M	over norm	citav	muy ma
		URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATOR	RY	SILVER SPRING	COUNTY	MONT STATE MD
	74. FI	BURTAL INERAL DIRECTOR 1	En 11105	8/27/		GATI	E OF HEAVEN	DATE RE	C'D. BY REGISTRAR 256. REGISTR		
		NAME			LLINS	MD 20		ΔΙΙ	0.50		
	-50	O UNIV BLI	10. W.	SILVER	SEKTING.	14.D. ZU	///	AUI	630 1985	Transley !	700000

DHMH - 16 60M 7/B4

TO MOSPITAL OR ATENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTII	ICATE OF DEATH	REG. I	NO.		
1 DE	CEASED NAME	Rut	A	E.	GR	AFÉ	20 DATE OF DEATH	8 25	5 1985	26 HOUR
3 SE	x	- 1	RACE		5. DATE		6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
	FEMALE	3.1	WH	HITE	SEPT		5 4	9 YRS	ONTHS DATS	HOURS MIN.
70 B	IRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
	MICHIGA	N	U.	S.A.	WIDOW		MONTGO	MERI	COUN	TU MD.
10. C	ITY OR TOWN OF DE			HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	170 USUAL OCCUPA		12b. KIND OF	BUSINESS OR
51	WER SPRI	NG	Hory	CROSS	Hosp	ITAL-	SECRETA	CU WORKING LIFE		TARIAL
	AL RESIDENCE (# NUR	SING HOME OF C		GIVE RESIDENCE BEFOR	E ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7ID CODE	100-100	
	TRYLAND		DHERU	ROCKVILL		YES NO	528 CAL	WIN LA	1/20	0851
	ATHER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN N				
	ALFRED		- DOLE	GRAFE	=	ADELE	MAR	u	FER	RIS
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECT		17 INFORMANT	ADD			
	NO		ONE	577-46	-1619	MR. FERRIS C	RAFF 4404 C	HESTNUT	ST. BETH	ESDA. MD
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only VAS CAUSED IMMEDIATE	BY:	ling for 101, 16, or	ndic 1	Mocardial =	Infarcti	M		MATE INTERVAL NSET AND DEATH
		WWEDIATE		R AS A CONSEQU	ENICE OF	11				
-	Conditions, if any	, which	(;b)	Corona	ry	Artery	D150950		year	Δ
	gove rise to im couse (a), stati underlying couse	ng the e last	1	A A CONSEQU	122	2120215			year	
NO	PART 2 OTHER SIG	NIFICANT CO	ond A	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TEL	PMINALDISEASE OR COL	NDITIONGIVE	NINPART 110	Mellitur
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
CER	210. ACCIDENT WAS UN		21b. TIME O		AY YEAR	21E. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM IS PAI	RT I OR PART 2)	
CAL	OR CONTRIBUTING		P.I		19					
MEDICAL	21d. INJURY OCCUR	HILE 🗍	21e PLACE (OF INJURY BET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
	220.1 certify that (1)	this hospite	8/2	5 19	850	nd that in (my) (our) apinio	on depth occurred on the	date and have	9 85 th	no (II) (we) lost
	276 SIGNATURE	W R	view the/body	ofter death/	M	DEGREE ATTENDING	MEDICAL ST		27E. DATE S	
	22d PHYSICIAN'S N	AME (TYPE OR		390	7.0	PHYSICIAN 27e ADDRESS /OS	73 Georg	110 \$	vej =	-307
22- 1			In DAYS	191	NAME OF S	12/1/66	spring ~	194/19	usi	
	BURIAL, CREMATION, (SPECIFY) CREMATION UNERAL DIRECTOR		AUG. 30		HAMB		4 BIVERDAU	E PGC	D. MI	TRY LAND
29. 11	UNEKAL DIKECTOR					750. D	ATE REC'D. BY REGISTRA	KIZSB REGISTR	AK S SIGNATU	KE

SILVER SPRING, MD

IMPORTANT: If Ihem 21

FUNERAL HOME

TO FUNERAL DIRECTOR, After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

DHMH - 16 60M 7/B4

(VRA 15, 4)

retained by the haspital

Marine Kirth & GARFE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0	ING PHYSICIAN. The law requires that the death cereficate be executed within 24 hours after death. Fage 4 may be attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, as the businfistication from The After Communication for the businfistication of the district of the second control of the sec
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MILTI	90	0 00 00 00 00 00 00 00 00 00 00 00 00 0
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35, 20	1610	ogued ogued
COR	1	been mit T
ALRE	The Con-	to hos
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ING PHYSICIAN: The	After this certificate has been signed by the attending physician and completely filled in by the funeral dectar, as the businforcents been been been as the businforcents been been about be filled within 72 hours.
NOIS	PHYS	900
DIVIS	S E	alte in

		REGISTRAR			EKTITICATE O	PERIII	REG. N	10.			
		CEASED NAME FIRST HE	len . / "	IDDLE	I AST Gre	nell	20 DATE OF DEATH	_	DAY YEAR	76 HOUR	
	4	THE THE	M	te	teten		8 2	85		727	M C
	3. SEX		4 RACE	5.1	DATE OF BIRTH		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	# UNDER 18	
	=	Jemale	Canca	sian	12 15	98	86	YRS	MONTHS DAYS	HOURS /	MIN,
2		RTHPLACE (STATE OR FOREIGN		HAT COUNTRY? 8.	AARRIED NEVI	ED AN ADDIED	9. BALTIMORE CITY	OR COUNTY	Y OF DEATH		
-	1	-owa USA	US	W	IDOWED 1	DIVORCED [Mont.		MD.
7		TY OR TOWN OF DEATH		OSPITAL, NURSING H FACILITY, GIVE STREET ADDR	ESS)	NSTITUTION	120 USUAL OCCUPAT	OF WORKING III	12b. KIND OF INDUSTRY	BUSINESS	5 OR
-	-	heaton AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION OF		Health (enter	Housewi		C4	1200	10
į	13a. S	MD 136 COUI	Mont.	- LAUGET	Sp 13d. INSID	ио 🗌	130 STREET ADDRESS	(()	01 11	(209) - Hox	10) <u>50</u>
1	14_FA	THER'S NAME Harvey	MIDDIE	Snook		er's maiden na usan	WE		Smith		
ī		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY		MANT	ADDR	ESS 24-	Budd B.	lvd.	
	,,	VES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	219-36-8	672 Shi	rley Ro	olston	Woo	dbury,	N.J.	• •
		II. CAUSE OF DEATH (Enter or	ly one cause per l	ine for (a), (b), and ic-	CO.	esta par ester Appropria	170,00		METWEEN OF	ATE PUTERVA	A110
		PART L DEATH WAS CAUSE	D BY:	souske	ou al	UUMA	Lg-		1/2	his	
		V-444C2154-0	DUE TO O	AE A CONSEQUENCE		1			1		
		Conditions, if any, which	1 000 10 6	AS A CONSEQUENCE	is well	Aces	deed		1/m	lough	n
		gave rise to immediate	103	20000		.,	,		-		
		couse (a), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUENCE	E OF						
			(c)								_
	Z Z	PART 7. OTHER SIGNIFICANT	ONDITIONS CO	NIRIBUTING TO DEA	IH BUT NOT RELA	ED TO THE TERM	AIN ALDISEASE ON COM	DITION CIN	VEN IN PART THE		
-	ATK	19s DATE OF OPERATION	1% CONDIT	ION FOR WHICH OPE	ERATION WAS PER	FORMED	28s AUTOPSY?		S, WERE FINDING		_
7	CERTIFICATION	A PARTIE LEVEL DE L'ANDRE LEVEL DE L'ANDRE L'A					YES NO	11/2000	FYING CAUSES (ES []	NO []	
7		21s. ACCIDENT WAS UNDERLYING	1 215 TIME OF		YEAR TIL HOW	INJURY OCCUR	RED TOUTER NATURE OF POOR	AT MATERIAL PROPERTY.	EARL COLUMN 15		
	A	OF CONTRIBUTING C CAUSE OF DE	With the second second		19						
	MEDICAL	214. INJURY OCCURRED	21s. PLACE C	F INJURY EL FACTOR: DELICE FARM	711 LOCA	ATION .	cmort	(min)	COUNTY	STAT	10.
	2	AT WORK AT WORK	(11) Home, 2002	TO THE OWNER OF THE PERSON	7/2"		101	2		-	
		22s.1 certify that (I) (this hosp	toll applying the	deceased from	724	10 8 0	fo	_	10.20	(1) the	lost
		spw the deceated alread obove, (I) (we) (did) and no	sier De body o	Her Shath.	ond that	ny) our) opinion	death occurred on the a	lute and hou	or and from the c	oines state	d
		27h SIGNATURE	14		DEGREE	0.0000000000000000000000000000000000000	X GARRION DE	eden 1	2N. DATE S	CINED	/
		myron o	X. DE	una	M	PHYSICIAN B	MEDICAL STA		8/	3/80	5
	1	214 PHYSICIAN'S NAME THE	SEPPENDS /	NKIN	22 × ADD	RESS 230	09 SHOR	EFIE	ELD/1	20	
		MYRON L	LE	NEW	0	UHEAT	ON	MD	209	102	-
		SURIAL, CREMATION, REMOVAL		11.00.1.00.00	NE OF CEMETERY O	OR CREMATORY	23d LOCATION CITY OF TOWN	201	3794002	55A	N .
	C	remation	8-5-85	Ft.	Lincol		Brentw		Pr. Geo		d.
	24. FL	UNERAL DIRECTOR		#DORESS		25e QA1	TERECID. BY REGISTRA				
	N	allevis F.H.	Inc. M	t. Raini	er. Md.	MUD N	1 25 BHID 51	walle	down Mande	,	ũ .

Mt. Rainier, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 3 2 3

1-	STATE REGISTRAR		ME	DICAL EXAM	AINER'S C	ERTIFICATE		TH REG N	10.	
	CEASED NAM	FiRST Jeal	n	K.	GRIFE	IAST FITH		20 DATE KNOWN OF ESTI- DEATH MATED		4 19 85 7 A
3. SE	emale	4 RACE White	5. DATE OF BIRTH DAY Jan. 21.	YEAR LAST B		DER 1 YR. IF UNI	DER 24 HRS.	2c. DATE PRONOUNCED DEAD		DAY YEAR 2d HO
FC	RTHPLACE (S PREIGN COUNTRY) NNSYLVE		76. CITIZEN OF WE	AT COUNTRY?	8. MARRI WIDOW	ED NEVER MA	DRCED		gomery	
1.	Damaso	us	(IF NOT IN SUCH FA	PITAL, NURSING H CILITY, GIVE STREET ADDR Clearwate	r Court		FOR	UAL OCCUPATION (TO MOST OF WORKING LIFE) CCETATY	YPE OF WORK 121	NIND OF BUSINESS OR INDUSTRY
113a S	AL RESIDENCE TATE enna.	(IF IN NURSING HOME O	r other institution, gr TY CK	VE RESIDENCE BEFORE AD 13c. CITY OR TOV Manches	VN	13d. INSIDE CITY LIMIT YES 🛣 NO	13e. STR	eet address 70 York Ha	ven Rd.	17345
160 \	ATHER'S NAME FIRST Her WAS DECEASE	ry DEVER IN U.S. ARA		Krebs	URITY NO.	15. MOTHER'S MA FIRST Emma 17. INFORMANT		MIDDLE 13 CT 1985	Steff	e Court
5	NO OR UNKNO	(IF YES, GIVE	WAR OR DATES)	167-12-	5677	Ann Gi	lbert	Damascus		
z	gave çi cause (a lying cau		(b)	AS A CONSEQUEN	NCE OF	OR CONDITION GIVEN I		11 6/ 502		
CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH	OPERATION W	AS PERFORMED?				20 AUTOPSY?
		CAUSE WAS	216 TIME OF HOUR A.M	MONTH DAY	YEAR	OW INJURY OCCU	RRED (ENTER	NATURE OF INJURY IN ITEM 1	B PART 1 OR PART 2	
MEDICAL	21d INJURY C		21e. PLACE	OF INJURY (AT HO/ FORY, FARM, ETC.)		CATION		CITY OR TOWN	COUNT	TY STATE
	220. certicolor death result ACTUAL SIGNATURE		e at the remains des	cribed abave, held Accident ,	Suicide	y , Inspe , Homicide TITLE (SPECIEY	, Undet	Inquiry	n ol	8-14-8x
23o.E	EXAMINER'S (TYPE OR PRI	TION REMOVALE	3b. DATE	23c. NAME O	F CEMETERY O	ADDRESS	23d. LC	S CO PS IN	COUNTY	
	Buria		lug. 17, 19	85 U	nion		1	anchester.	York	. Pa.
24. F	NAMEO 1 in	L. Moles	worth, Per	A., Damas	cus, Md	25e. DA	JG 1 6	REGISTRAR 256. REG	SISTRAR'S SIG	MATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBRENE

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REGISTRAR Stell	la Gross		CERTIF	ICATE OF DEATH	REG.	NO		
1. DECEASED NAME FIRST (TYPE OR PRINT) STEA		WIDDLE	Ros	AST SC	20 DATE OF DEATH	MONTH	2. 8-5	26 HOUR 10-12
3. SEX FEMALE	4 RACE Waite		5. DATE (OF BIRTH	6 AGE (IN YEARS LAST)	BIRTHDAY)	IF UNDER I YEAR	10
To BIRTHPLACE (STATE ORFOREIGN COUNTRY)		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
New York, N.Y.				DIVORCED DIVORCED DR OTHER INSTITUTION	120 USUAL OCCUPA	OF WORKING L	FEI INDUSTRY	
Silver Spring DSUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COL	OR OTHER INSTITUTION	13c. CITY OR TOWN	ADMISSION)	138. INSIDE CITY LIMITS?	Ret.Clerk	ZIP COD	E 99	1949
14 FATHER'S NAME PETER 160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (# YES,	WIDDIE	Washingto Gross 16b SOCIAL SECUR	3	YES NO 15 MOTHER'S MAIDEN NA FIRST Stella 17 INFORMANT	MIDDLE		,SE/ 20	0003 / skas
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA) Conditions, if ony, which gove rise to immediate couse (a), stofing the	DUE TO, OF	Unknown	104°	MONARY ZMIA	ARREST		APPRO) BETWEEN	# 13 RIMATE INTERVAL CONSET AND DEATH MY MED WEEK
Underlying couse lost. PART 2. OTHER SIGNIFICANT OF 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CO	CSULUSION OF THE PROPERTY OF T	2000 EATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b IF YE	S, WERE FINDS	INGS USED S OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 21d. INJURY OCCURRED	LAIN	M. MONTH DA'	Y YEAR	21r. HOW INJURY OCCUR		JURY IN ITEM 18		NO [
WHIE NOT WHIE 220.1 certify that (1) (this has sow the deceased alive cobave, (1) (we) (did) (did in the cobave).	oital) attended the	e deceosed from	6	nd that in (my) (our) apinion DEGREE ATTENDING		date and ha	226 DATE	that (I) (we) lose couses stated
138 PHYSICAN'S NAME (TYPE)	M. W.	58MAJ 236 N.	AME OF C	220 ADDRESS 5410-Conn A CEMETERY OR CREMATORY	ve., NW, Was		n,D.C.	1,000
ISPECIFY)	Ann 37	1085	-	Street Compton	CITY OR TOWN	T mar	COUNTY	.51

DHMH - 16 60M 7/84

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

(VRA 15, 4)

TO FUNERAL DIRECTOR.

IMPORTANT. If Hem 21 is

should be detached for use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene priar to burial, crematian,

Aug. 11, 1905 Mount Ulivet Cemetery 24 FUNERAL DIRECTOR

B. REGISTRAR'S SIGNATURE J. Wm. Lee's Sons Co.300-4th St., NE, Wash., DC20002

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White Ocyob LE, 1945 69

New York, N.Y. United States xx Montgomery

Silver Spring Holy Cross Hospital Ret.Clerk-U.S. Postal Service

Washington, DC xx 517-14th Street, SE 20003

Peter - Gross Stella - Fetrauskas

No Unknown Stella J.Michaels(Daughter)Same as # 13

X

5410-Conn Ave., MW, Washington, D.C.

Aug. 17, 1985 Mount Olivet Cemetery Washington, D.C.

J. Wm. Lee's Sons Co. 200-4th St., NE, Wash., DC20002

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

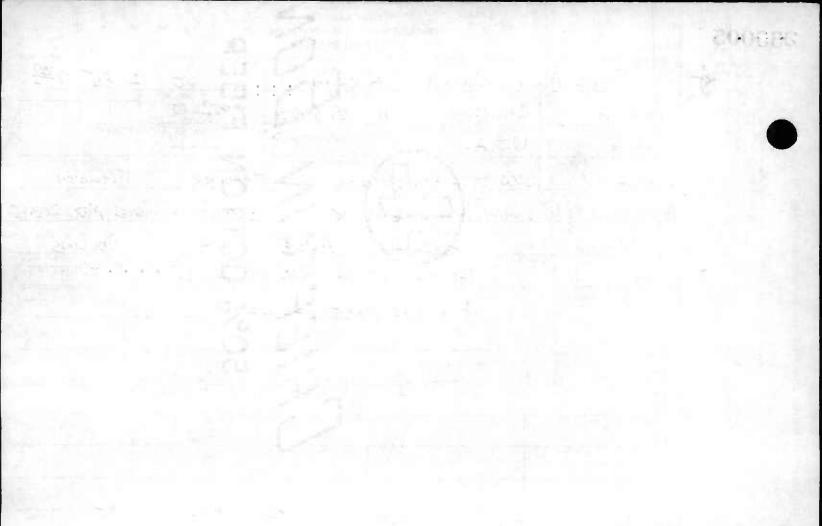
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	1 -	STATE REGISTRAR			ERTIFICATE	OF DEATH		REG. NO.			
2		EASED NAME FIRST OR PRINTI SISTEN M		IUI M	Gua	VAN C.S	20. DATE O	F DEATH M	ONTH DAY	BS 2	73
1	SEX	RMALL	CAUCAS	/	DATE OF BIRTH	21 03 (XXX)	6	YEARS LAST BIRTH	HONE		OURS
3/1	C	THPLACE (STATE OR FOREIGN DUNTRY) TEXAS	U.5. A	V	/IDOWED [EVER MARRIED DIVORCED	8	GOMERY	COUNTY OF	DEATH	
nothed	KE.	NSING TOW	5000 IN SUST	OSPITAL, NURSING I FACILITY, GIVE STREET ADD TRATHMONA	AVENUE	RINSTITUTION	LIVE OF WOR	OCCUPATION NE PORTOR		NOUSTRY	ON)
	JSUA No.S	ARYLAND MON	TEMENT	EITY OR TOWN	VES (500	ADDRESS /	ZIP CODE THMONE	MD	. 2
(1)		THER'S NAME WILLIAM	MIDDLE	GUCKI	4~	ALICE	1.0	MIDDLE		COLLI	NS
medico		AS DECEASED EVER IN U.S. AI ES. NO OR UNKNOWN) (IF YES, GI NO	RMED FORCES?	140.42.6	777 B	Sr.	Catheri	ne Las	h,C.S.	CSu me as	7 13
any injury, ar other t	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	AS A CONSEQUENCE NTRIBUTING TO DEA ION FOR WHICH OF	TH BUT NOT RE		RMINAL DISEAS	OPSY?	20b. IF YES, WE	RE FINDING	
shows	ERTIFIC	710 ACCIDENT WAS UNDERLYING	216. TIME OF	IN ILIPA	121c H	OW INJURY OCCU	YES [NO	YES _)	NO [
	CAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	ATH HOUR A.M R) P.M 21e PLACE O	MONTH DAY	YEAR 19 21f LC	CATION	TENIER N.	CITY OR TOW		(OUNIY	\$1
rked		WHILE AT WORK AT WORK 220 1 certify that (I) (this hosp		deceased from	12	10 8	2	3/12	10	81	at (l) (w
21 15 mg		saw the deceased fallye a	0/1	19 0	, and that i	n (my) (aur) opinio	n death occurre	ed on the date	e and haur one		uses sta
ANT: If Item 21 is mg		4	at view the bady a	19 0	DEGREE		n death occurre				
MPORTANT: If Hem 21 is mo		saw the deceased only e an oboys (1) (we inded) (did no oboys) (1) (we inded) (did no oboys) (1) (did no obo	OR PRINT)	19 0,	DE GREE 270 A	ATTENDING PHYSICIAN, DDRESS	MEDICAL DIRECTOR	STAFF PHYSICIA		from the co	GNED
IMPORT	30. Bt	sow the deceased only or oboty. (I) (we if did) (did in 22b. SIGNATURE	OR PRINT) 23b. DATE	19 0,	DEGREE 22e A 98 AE OF CEMETER	ATTENDING PHYSICIAN DORESS OF CREMATORY	MEDICAL DIRECTOR	STAFF PHYSICIA	INAR S	from the co	GNED

DHMH - 16 60M 7/B4 (VRA 15, 4)

retained by the hospital or

TO HOSPITAL



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DHMH -	16	60M 7/B4	
(VR	AI	5, 4)	

IMPORTANT: If hem 21 is

	REGISTRAR				CERTII	ICAIL OF DE	AIII	RE	G. NO.		1
	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEA	тн момтн	DAY YEAR	26 HOUR 14
(TYPE	OR PRINT)	ALICE		S.b	п	AT.T.		and 1	5.1985		2
3. SE)	<		4 RACE	tuart	5 DATE	OF BIRTH		6. AGE (IN YEARS L		IF UNDER 1 YEAR	
	female		~		MONT	DAY	YEAR 04	01	YRS.	MONTHS DATS	HOURS MIN.
7a Bil	RTHPLACE (STATE OF	REOREIGN	7h CITIZEN OF	WHAT COUNTRY?	8	3 0		9. BALTIMORE C		Y OF DEATH	
	COUNTRY)					D NEVER MA					A.1
10 (1	Scot.la			JSA HOSPITAL, NURSIN	WIDOW	of highly hard	DRCED [12a USUAL OCC	COUNTY		OF BUSINESS OF
)	TOR TOWN OF DE		(IF NOT IN SUC	H.PACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOR			
	bethesda			ıburban H		al		ASSU. F	lousekee	per -	Hotel
13a. S	TATE	13b. COUN		134. CITY OR TOW		13d. INSIDE CIT	Y LIMITS?	13e STREET ADDR	RESS / ZIP COD)E 99	1444
N	V. Y.	Broo	oldZyn	Brookly	n	30)	40 🗌		thorne	Street	(11225
FA	THER'S NAME		WIDDLE	LAST.		15 MOTHER'S	MAIDEN NAA		DDLE	L#	AST
7	Alexander						rv Gil	rov			
	VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECL	IRITY NO.	17 INFORMAN			ADDRESS 445	O S. Pa	rk Ave.
()	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	065-12-	0340	Son - F	rancis	S. Hall		vy Chas	
	18 CAUSE OF DEA	TH (Sator on	lu one caure ner							APPRO:	XIMATE INTERVAL
1	PART I. DEATH	WAS CAUSE	D BY:	Pu	Para	~ ~ ~ ~	. 0/	In of m	40	1	800
		IMMEDIAT	E CAUSE (a)	1 00	VIII	110019	~	000			100
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10	gove rise to immediate										
	cause (a), stat		DUE TO, O	RASA CONSEQUI	ENCE OF		14	Ideas	+ Fail	was +	15 mm
			(c)	Chroni	c 1	unge	111/2	ITEM	, , ,		10 70
z	PART 2 OTHER SIG	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BU	T NOT RELATED T	O THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN PART 1	
110		171011	I'm coup	TION FOR WHICH	ODEDATIO	DALLY AS DEBEOR	MED	200 AUTOPSY	2 205 IF VI	ES, WERE FIND	INGSTISED
CERTIFICATION	19a. DATE OF OPER	ATION	195 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFOR	WED		IN CERT	IFYING CAUSE	S OF DEATH?
E										/ES	NO 🗌
	210. ACCIDENT WAS U	_	21b. TIME C	OF INJURY .M. MONTH D.	AY YEAR		URY OCCURE	RED (ENTER NATURE	DF INJURY IN ITEM 18	PART I OR PART 2)	
CAL	(IF EITHER, NOTIFY ME		VIII	Μ.	19						
MEDICAL	21d. INJURY OCCU	RRED	71e. PLACE	OF INJURY	EADAA ETC 1	21f LOCATION	7	CIT	YORTOWN	COUNTY	STATE
2	WHILE NOT	WHILE	(AI HUME, SII	NEED, FACTORY OFFICE, I	ARM, EIC J		5. A. F.	- ^		TE	
	22a. I certify that (tal attended th	ne deceased from_	Ya	mI	19 8	> . ta 0 V	4 13	19 0 -3	, that (I) (👀) la
	saw the deced	sed alive an	Tha	3 19	TA.	and that in (my) (apinian	death occurred an	the date and ho	our and from the	e causes stated
	22b. SJGNATURE	(did) (did no	t) view the bady	affer death.		DEGREE		-		22c DAT	ESIGNED
	Henry	_ () (mish	towt "	D	AT	TENDING HYSICIAN	MEDICAL DIRECTOR F	STAFF	8-1	16-85
	22d. PHYSICIAN'S	VAME (TYPE C	P PRINT)			22e. ADDRESS	TISICIAN E	_ DIKECTOK [_] F	TITOICIAN [
	ELU. FINI SICIAIA ST	THE CHIPC	M. ARTI				Minor	ncin Area	1 Charme	Chesa	Ма
			shtowt					nsin Ave		chase	Ma.
	BURIAL, CREMATION	N, REMOVAL				CEMETERY OR CE		23d LOCATIO		COUNTY	STATE
	Buria	1	Aug. 1	.7'85 G	ate o	f Heaven			r Sprin		
24. FI	UNERALDIRECTOR	00			eral	Home	25a. DAT	E REC'D. BY REGIS	STRAR 256. REGIS	STRAR'S SIONA	TURESC
	mon	14/2	1/8/ W	ashington	n, D.	C.	AUG	SI MO	go was to	Marine .	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE

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- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.				
1. DECEASED NAME FIRST	Ol	MIDDLE	AST	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR 45			
Ellis	Leve	eland t	(2)	0/1/	2.8	AN			
3.5EX	4 RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR WONTH'S DAY				
Male			19, 1893	92	YRS				
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	Y BALTIMORE CITY C	OR COUNTY OF DEATH				
Virginia O CITY OF TOWN OF DEATH	U.S	HOSPITAL, NURSING HOME C		12a USUAL OCCUPAT	Chi Ing White	MD.			
Olney	Shar	Oh NUNSIN	1/	LTYPE OF WORK FOR MOST C	propring life INDUSTR	OF BUSINESS OR Y Park & ning Comm			
SUAL RESIDENCE (IF NURSING HOME 13a. STATE 13b CO		GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN	Pad INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE				
	- Ga	Riverdale	YES TO NO		olson Street	20737			
FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		LAST			
James	P.	Hall	Nannie	В•		denna			
60 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRI	0200 000				
No		579-40-4387	Mrs. Elsie I	. Kraus Hya	ttsville, M	aryland			
18 CAUSE OF DEATH (Enter	only one cause per	line for ia), (b), and ic			APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH			
PART I. DEATH WAS CAU	ISED BY: NATE CAUSE (a)	STROKE							
INVINED		R AS A CONSEQUENCE OF							
Canditians, if ony, which		RANSIENT	ISCHEMIC .	ATTACKS(CEREBRAD				
gave rise to immediate	gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF .								
underlying cause last.									
PART 2 OTHER SIGNIFICAN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To								
	BRA	N DISEAS	E						
190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINE				
OL CHANGE				YES NO	IN CERTIFYING CAUSI	ES OF DEATH?			
ORGANIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR			-			
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DAY YEAR							
(IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED	P. 21e PLACE		211 LOCATION						
WHILE NOT WHILE		REET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	OWN COUNTY	STATE			
AT WORK AT WORK			13	21.	0,				
220.1 certify that (1) (this ha	7 / 3 -	/	20 19 19	to		., that (It (we) last			
sow_the deceased alive above, (1) (we) (did (did	not) view the body	after death.	nd that in (my) (our) opinion	death occurred on the d					
12h 5 GNATURE	165	1 111	DEGREE	MEDICAL STA		TE SIGNED			
amuel	h Del	kay 172	ATTENDING PHYSICIAN	DIRECTOR PHYSIC		1,1983			
174 THYSICIAN'S NAME (111	PE (SEPRENT)		22e ADDRESS	1		209/2			
SAMUEL A	. DESK	HAY M.D.	7610 CARR	OLL AVE.	TAKOMA K	ARK, MD			
23a BURIAL, CREMATION, REMOV	AL 23b. DATE	230 NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
(SPECIFY) Burial	Aug.5.	1985 Geo. Wa	sh. Cemetery	Adelphi	P.G.	Marylar			
24 FUNERAL DIRECTOR				TE REC'D. BY REGISTRAR	255, REGISTRAR'S SIGN				
F. Gasch's Sons	F.H. P.A	. Hyattsville	Maryland AU	66 1985	ha Davidson	gardell "			

DHMH - 16 60M 7/84 (VRA 15, 4)

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Fr. deschia Sona R.H. P.t. Brattsville, Nargiand - Fr. E. S. Sensiand

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OR ATTENDING PHYSICIAN: The low requires that the death certificate be

DEP

REGISTRAR'S SIGNATURE

STATE OF MARYLAND	6.0 En
PARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	
1100	0.00

	1-	FOR STATE REGISTRAR		NT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 6 9
		CEASED NAME	R	HALL	20 DATE OF DEATH MONTH	2 - 85 1:20 M
	3. SEX	m	7.	S DATE OF BIRTH	11/13	IF UNDER 1 YEAR IF UNDER 24 HRS
	74.81	Survivore Marie Con Control		MARRIED NEVER MARRIED	0 IVUNTGO	MERY MD
1	Si	Ver Spring	SIF NOT IN SUCH FACILITY GIVE STREET AD	Hospita	l God Eng Ed	(Retired)
	Tite 5	Maxigland Park	OTHER INSTITUTION GIVE RESIDENCE BEFORE AC	CER YES M NO E	1103- Mexico	Jan 902
1	クラ	Kendell V. Lo	If were	- Ba	NNAME HIDRI	Tray.
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURI	No Decty	Hall (132)	4
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA) Conditions, il ony, which gove rise to immediate couse (a), stoting the underlying cause last	DUE TO, OR AS ASSISSEDUEN	concensora	cinoma of sigmoid co	5 months
	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1 0
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH? YES NO NO NO
1		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	P.M.	YEAR 19	CCURRED (ENTER NATURE OF INJURY IN ITEM !	8 PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARI		CITY OR TOWN	COUNTY STATE
		sow the deceased alive on overfly (we) (find (did no	tol) ottended the deceosed from AUG / 19 F	DE GREE ATTENDI PHYSICI	IAN M DIRECTOR PHYSICIAN	8/2/FJ-
	(JAMES R	COLEMAN	220 ADDRESS Q2 SIL	VER SPRING, MI	ND ARYCAND 20853
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the buriol-transit permit. Then please remove carbon papers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

retained by the hospital or attending physician.

TO HOSPITAL

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IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event,

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FOR 1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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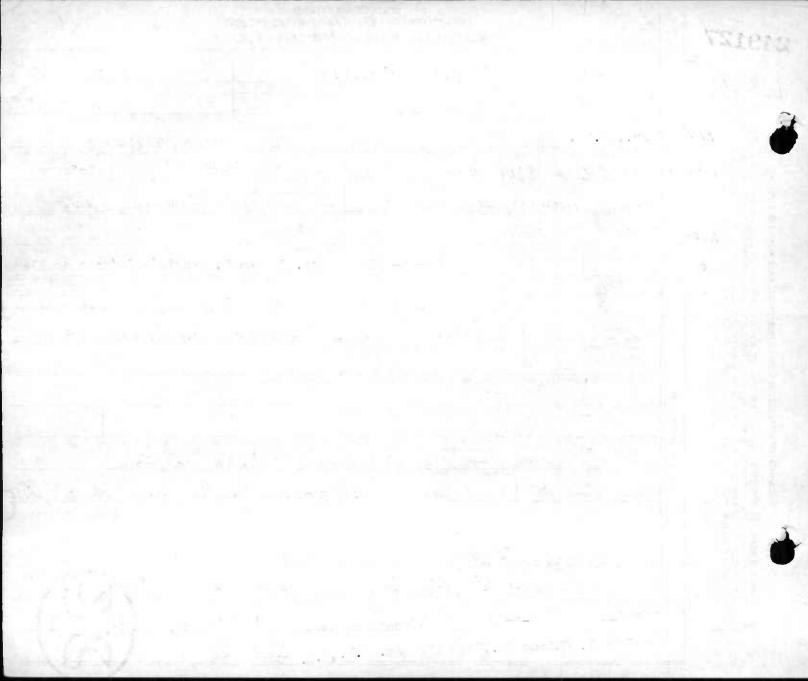
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4	10. CI	Y OR TOWN OF DEATH	11. N	TAME OF HOSP	ITAL, NURSING HOME, LITY, GIVE STREET ADDRESS)	OR OTH	ER INSTITUTION	FOR MC	AL OCCUPATION (TYPE DST OF WORKING LIFE)	OF WORK	26 KIND OF BUSINESS OR INDUSTRY
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6	USUA 13a. S1		COUNTY		13c. CITY OR TOWN	IN)	13d. INSIDE CITY LIMITS?	13e. STREE	ET ADDREAS	×00	1/5
2			MUNTO	omacy	CHEYY CH	ASE	YES NO	880	6 HAWKI	NS/	LANG
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9		UNDERLYING OR	JSE OF DEATH	2.73	8 3/ 1985	1 /	TUNA	DEM	A INF	Ser. N	
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		death resulted frame	Alexandrian cou	(D)	1	side	Homicide .		mined monner .	a m my opm	1011
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2		EVALUEDE NAME /		01	111	1		1.1	1	D.	20814
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	230. BL	JRIAL CREMATION, REM			23c. NAME OF CEM				RTOWN	COUNT	Y STATE
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	24 FL	NAME John T.	Rhines	Co ADDRAGO	15 12th C+	N T	ALC ALC DATE	REC'D. BY F	REGISTRAR 168. REGI	DEMARS SIC	Grade 2
				,50.	-5 TZLII 9[.	N.E	.D.C. 300	19	1900	-with the	Marke advente

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FALES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FILED, WITHIN 72 H. WESTON STATE DEPARTMENT OF HEALTH AND MENTAL HEAST AND 2 SHOULD BE FILED, WITHIN 72 H. WESTON STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, 201 W. PRESTON STHEM BALTIMORE, MARYLAND, 21.201 PRIOS PENDING, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

BP

DHMH - 17 (VR A15 ME (5)) 20M 4/B2



FOR

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	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be experied with 24 hours of	etoined by the hospital or offending physician. TO FINERAL DIRECTOR After this certificate has been signed by the intendence physician of sunnative filled in the	should be definited for use on the burial-transf permit. Then places remove carbon papers. Page 2 and 2 highlite Hale with the State Dept. of Health and Mental Hygiers prior to burial, committen, as removal.
	h m	-	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIEN

23330

	9	REGISTRAR			CERTIFI	CATE OF DEATH	REG.	NO.		
			IRST	WIDDLE	()	351	20. DATE OF DEATH		DAY YEAR	2b. HOUR
	TYPE	War	ren	A	Hawk	ins	Augu	st 2,	1985	$4:38\frac{PM}{M}$
	3 SEX	(4. RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
	-	male	Bla	ck	Apri	1 28, 1931	54	YRS.	MONTHS DAYS	HOURS MIN.
2		RTHPLACE (STATE OF FORE	IGN TO CITIZEN OF	WHAT COUNT	RY? 8	BENEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
		Wash. D.	c. US	A	WIDOWE		Montgome	ry Cou	unty,	MD.
G	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NU	RSING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS OR
7		lney	Montg	omery	Genera	1 Hospital	Butcher			7-0-0
5	13a S		HOME OR OTHER INSTITUTION COUNTY	Rocky	IOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	re Rd/	20853
3	14 FA	THER'S NAME	DDIE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
1		Was	rren Hawk	ins		FIRST	Anna Saun	ders	IASI	
		AS DECEASED EVER IN		166 SOCIALS	SECURITY NO.	17. INFORMANT	ADD	RESS		
	{ Y	Yes your unknown)	Korean	578-4	10-7990	Elizabeth	Hawkins	(Wife) same	as #13
		18 CAUSE OF DEATH		er line for (g), (b	, and ich	0			BETWEEN C	MATE INTERVAL
		PART I DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)_	arter	ioselu	ti houst	disean		15	yrs.
				OR AS A CONSE	FOUENCE OF					
		Canditians, if any, w	hich (1b)_							
		gave rise to immed cause (a), stating underlying cause		DR AS A CONSE	EQUENCE OF					
		PART 2 OTHER SIGNIE	ICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVI	EN IN PART 110	
	Z O		archize dist				in sur			
	CERTIFICATION	190 DATE OF OPERATIO				N WAS PERFORMED	200 AUTOPSY?	206 IF YES	, WERE FINDIN	
	TIE!	CO25					YES NO			NO 🗌
1		210. ACCIDENT WAS UNDERL	110110	OF INJURY A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL		P.M.	19	AV LOCATION				
	MED	21d INJURY OCCURRED	LAT HOME S	TREET, FACTORY OF	FICE FARM, ETC }	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
		WHILE NOT WHILE AT WORK				72	Aus	2	85	
		220 I certify that (I) (the saw the deceased	0.4		All Address of the Party of the	d that in (my) (aver) apinian	. 10	date and haur		that (II (we) last
		above. (1) (westeld) 22b (SIGNA) URE	(did nat) www.thedood			DEGREE			JJL DATE	
		Toold	28 (100	- u	0		MEDICAL ST	AFF SICIAN []	54	they 85
		224 PHYSICIAN'S NAM				22e ADDRESS	0 - 1 - 0		1	-
		Donald E	· Dillon,	M.D.		2901 Olno	ey Sandy S	pring P	0832 ⁰¹ r	ney, Md.
		URIAL, CREMATION, REA	MOVAL 23b. DATE			EMETERY OR CREMATORY	23d. LOCATION			
		Burial	8-6-	-85	Gate c	of Heaven C	em. Silv	er Sp	ring,	Montg.M

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR

246 N. Washington St. George R. Snowden Rockville, MD 20850

(VRA 15, 4)

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FOR - STATE

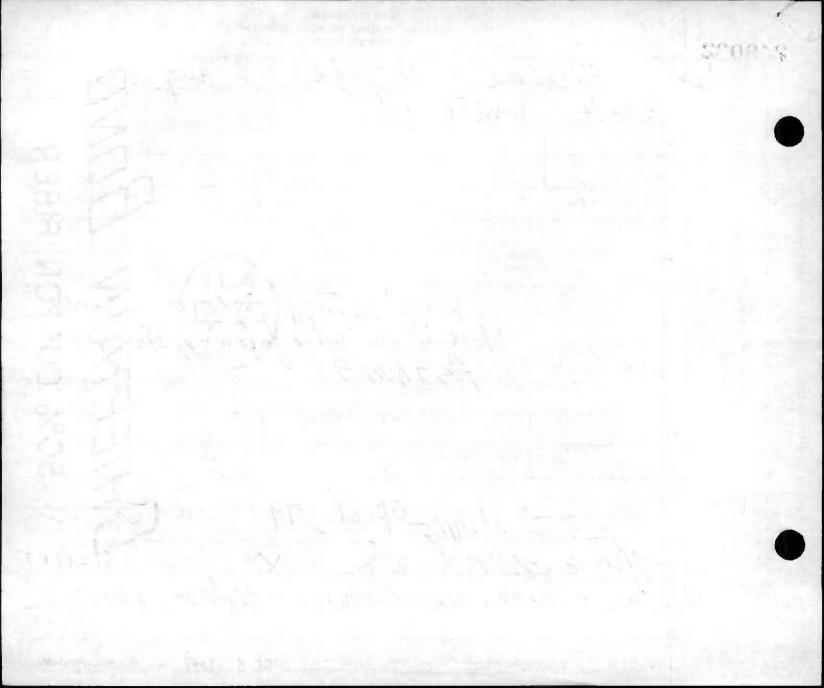
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE CERTIFICATE OF DEATH

3

		REGISTRAR						REG. NO			
		CEASED NAME PORT	inn	A.	Har	me	3s DATE	OF DEATH MON	10/00	2h HOUR	
-	1.583	ouce	H RACE []	-	Is DATE	F BIRTH	& AGE :	PI VEASS LAST BRITISH	4000		58,PM
	1	FoMala	wh	ite	July	0.67 164	at a second	98	VRS HONNIS DAY	E. HOURS	HAS.
1	7a. Bi	RTHPLACE STATE DEFOREIGN	75 CITIZEN OF	WHAT COUNTR	2V2 8	D NEVER MARRIE	0 DAITIS	-247	OUNTY OF DEATH		
/	Wa	shington DC	Unite	d Stat	es winowe	DEX DIVORCE		ntgome	cy Count	v.	MD.
1	100	TY OR TOWN OF DEATH	11 NAME OF	HOSPITAL NUR	ISING HOME C	OR OTHER INSTITUTIO	N 12e USU/	AL OCCUPATION	12s KIND	OF BUSINES	S-OR
1	1.6	ckville				ng Cente	r Hor	nemaker	Ho	ome	
1	13e. 5	AL RESIDENCE (# NUSSED HOLD OF STATE III. OU	CONHECTIFICATION NOTY.	Washi	ngton	IN INSIDE CITY LIM	The second second	Ouebec	COURT OF THE	0010 N.W.	
1	14. FA	THER'S NAME	=:DDU!	Lint		15 MOTHER'S MAIDE	EN NAME	MODUL		ATT.	
1		Edward		Fiske		Jan	e	- Tenance	E	Ballou	
3		VAS DECEASED EVER IN U.S. AF	MED FORCES?	579 6		John H	Nephew . Mead		20 32nd		NW 5
		II CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per	line fory	and g	· tin	. 2.	1.1	The second	DEMAIL PITERY N ONSET AND D	Eatn
ı			TE CAUSE (III)	1 Ku	UPS	A LOV C	1 MX	wi	no	and	_
			DUE TO O	AS A SPENSES	duffice on/	thist	Dul	- december	D' 4	10 10	
		Conditions, if any, which gove rise to immediate	1 64	VIVOIN	200	10 mon	Juin	Minis	195 /	er.	_
		couse (a), stating the underlying cause lost	DUE TO O	R AS MEGNEE	4/1	nA	V	- '	0		
		PART 7. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE	E TERMINAL DISE	ASE OR CONDITIO	IN GIVEN IN PART	Train .	=
	TION										
1	CERTIFICATION	14s DATE OF OPERATION	19b. COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a Al	IN	FYES, WERE PING CERTIFYING CAUS YES [7]	ES OF DEATH	9
7		21s. ACCESNI WAS INDESTITED.	215 TIME C		DAY YEAR	21L HOW INJURY O	CCURRED (EVIT)		THE REPORT DEPARTS	0	7
	MEDICAL	LE SICHER WOLLEY MEDICAL EXAMINE	P.	The state of the s	19					- 34	
	WED	THE INJURY OCCURRED	(AT HOME BY	OF INJURY	CE. FAMM, \$10.3	711 LOCATION		CITY OF TOWN	COUNTY	. 10	111
		41 mO44 m 41 mO44 m		1. 1.	ab	1101	79	1	11		_
		27s I certify that (I) with Large saw, the deceased alive or	0	15 7/10	5	ed that in (my) (mt) as	pinion death accu	read on the date of	nd haur and from the	that (1) (a)	net ent
۱		27h SIGNA URF	it) view the bady	affile all finds		CEL WEE		33-71-1			~
		11/15	110	m	1	ATTEND	ING MEDICA	STAFF	181	TE SIGNED	FT
,		220 PHYSICIAN'S NAME (TYPE	OR PRINT)		-	22e ADDRESS	1 n				
		Thos G. 1	VARA	, 6116	RABI	2 mood Rd	-120	THISDA	201	17	
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATEAT	igust 2	30 NAME OF C	reek Cem	TORY 23d LC	CATION	COUNTY	51/	ATE
	_	SPECIFBurial				- COIL COIL	CCLIY	Washin	gton, D	.C.	
1	74. FL	UNERAL DIRECTOROBERT	A. PU	MPHREY	FUNE	RAL HOME	DATE REC'D. B		REGISTRAR'S SIGN	ATURE	
	P. 1	A.,300 West 1	Montgon	nery Av	ve. Ro	ckville	MDOEF 3	1985 4	who Davidson	-Mande	06

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR should be direct.



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MPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND	6.3
EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

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3 SEX	3. SEX 4. RACE 5. DATE OF BIRTH MONTH 77 78. BIRTHPLACE (STATE OR FOREIGN 10. CITIZEN OF WHAT COUNTRY) 10. BIRTHPLACE (STATE OR FOREIGN WIND AND THE WORK OF WHAT COUNTRY) 10. CITY OR TOWN OF DEATH SILVER Spring 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN WICH HACKITY, OF STREET ADDRESS) 132. STATE Charles S. Heim Anna C. Rott 164. FATHER'S NAME (185. GIVE WAR OR DATES) 165. SOCIAL SECURITY NO. 176. CITY OR TOWN OF DEATH SILVER 177 186. CITY OR TOWN OF DEATH SILVER 187. WIND HACKITY, OR STREET ADDRESS 188. STREET ADDRESS WIND HACKITY, OR TOWN 188. CITY OR TOWN 188. CITY OR TOWN 188. CITY OR TOWN 188. CITY OR TOWN 188. WAS DECEASED EVER IN U.S. ARMED FORCES? 188. WAS DECEASED EVER IN U.S. ARMED FORCES? 188. WAS DECEASED EVER IN U.S. ARMED FORCES? 188. SOCIAL SECURITY NO. 189. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO). Conditions, if only, which Conditions, if only, which Conditions, if only, which Conditions, if only, which CONTROL TOWN ARRIED S. NAME 18. DATE OF BIRTH MONTH AND 18. CAUSE OF DEATH 19. CONTROL TORS 19. COUNTY 19. CITY OR COUNT
The BRITHPRICE (ISANE PRICE) TO BRITHPRICE (To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) TO. CITIZEN OF WHAT COUNTRY? S. MARRIED NEVER MARRIED NEVER MARRIED NOTE
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DUL AR RESIDENCE IN MURAPHOR CANDED TO THE MANIFOLD OF MEMBERS AND THE MANIFOLD OF MANIFOL	Silver Spring BEL PRE 2601 BEL PRERD Secretary Growers Expres USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. CITY OR TOWN 131. CITY OR TOWN 131. CITY OR TOWN 132. CITY OR TOWN 133. CITY OR TOWN 134. INSIDE CITY LIMITS? 135. STREET ADDRESS 136. STREET ADDRESS 137. STREET ADDRESS 138. STREET ADDRESS 139. STREET ADDRESS 130. STR
134 ISTATE 136 COUNTY 136 LINY OR TOWN 136 INSIDE CITY LIMITS? 35 S S S S S S S S S S S S S S S S S S	136. STATE NAME NONTG. SILVER SPRINE YES NO DE 3555 LESS URE WORLD BE 14. FATHER'S NAME FIRST Charles S. Heim Anna C. Rott 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) NO OR UNKNOWN! I IF YES, GIVE WAR OR DATES) 17. WORLD WORLD BL World Blvd., Silver Spring, Md. 20906 18. CAUSE OF DEATH IEnter only one cause per line for 101, (b), and ICI.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ((b) Arlerwscleratic Heart Dusesse YKS
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270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended to the deceased from 270. I certify that (I) (this hospital) attended to the deceased from 270. I certify that (I) (this hospital) attended to the deceased from 270. I certify that (I) (this hospital) attended to the deceased from 270. I certify that (I) (this hospital) attended to the deceased from 270. I certify that (I) (this hospital) attended to the deceased to the dec	OR CONTRIBUTION TO CAUSE OF DEATH TOUR A.M. MONTH DAT TEAR
220. I certify that (I) (this hospital) attended the deceased from	21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. LOCATION STREET CITY OR TOWN COUNTY STATE
24 FUNERAL DIRECTOR RODERL A. Pumphrey Funeral Homes, P. And Date REC'D. BY REGISTRAR'S SIGNATURE	220.1 certify that (1) (this haspital) attended the deceased from
24 FUNERAL DIRECTOR RODERL A. Pumphrey Funeral Homes, P. And Date REC'D. BY REGISTRAR'S SIGNATURE	PHYSICIAN DIRECTOR PHYSICIAN DIPLOMENTAL DIPLOMENTA DIPLOMENTAL DIPLOMENTA DIPLOMENTA DIPLOMENTA DIPLOMENTA DIPLOMENTA DIPLOME
	PHYSICIAN DIRECTOR D
300 W. Montgomery Ave., Rockville, Maryland	PHYSICIAN DIRECTOR DIRECT

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

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FOR - STATE REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIEN CERTIFICATE OF DEATH

20. DATE OF DEATH

2	3	3	3	3
DEG NO				

29-85

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

0555 W

IF UNDER 24 HRS.

o e o		tran	CIS E	Money			
ge 4 moy	3 SE	* male	1. RACE Black	5. DATE OF BIRTH	09		MONTHS DAYS
eoth. Poor		IRTHPLACE (STATE OR FOREIGN COUNTRY) & C.	16 CITIZEN OF WHAT COL	MARRIED NEVER	NARRIED	Mont 9	omery
ofter d by the fu	E R	OCKVITLE	JIE NOT IN SUCH FACILITY, GT	NURSING HOME OR OTHER IN LE STREET ADDRESS!		TO USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORK PURCE OF WORK	ING LIFE 1 126. KIND OF INDUSTRY ER UNITED
AND 212 24 hour filled in	13e.	STATE 13b. COU		RTOWN 13d INSIDE	NO 🗆		code Ave.
MARYLA and without		THOM AS		ENRY MA		MIDDLE	FISH
IMORE,		WAS DECEASED EVER IN U.S. A LYES, NO OR UNKNOWN) I IF YES, G	RMED FORCES? 16b. SOCIA	AL SECURIT NO. 17. INFORM	AANT	ADDRESS	
ST., BALT	event, the	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only ane cause per line to (a) SED BY: ATE CAUSE (o) CAV		est		APPROXIM. BETWEEN ON
death or	avmohc avmohc	Conditions, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF			
W. PR	other tr	gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF			
CORDS, 20 CORDS, 20 mem upmed	ATION			NG TO DEATH BUT NOT RELATI			
RECO	IFICAT	190 DATE OF OPERATION 8 28 85	Obstruc	which operation was perf	olon		IF YES, WERE FINDING CERTIFYING CAUSES O YES []

TO FUNERAL DIRECTOR: After this certified should be detoched for use as the burnal tree with the State Dept. of Health and Merital His or limm 18 OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from IMPORTANT: If Hem 21 is sow the deceosed ofive on

P.M 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M. MONTH DAY YEAR

21b. TIME OF INJURY

STREET

DEGREE

211 LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

. that (I) (we) lost

NO [

22b. SIGNATURE

230. BURIAL, CREMATION, REMOVAL

210. ACCIDENT WAS UNDERLYING

22d PHYSICIAN'S NAME (TYPE OR PRINT)

obove, (1) (we) (did) (did vio) view the body ofter death

22e ADDRESS

MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22c DATE SIGNED

MID

23d LOCATION

BP

DIVISION OF VITA

DHMH - 16 50M 4/83 (VRA 15, 4)

R. SNOWDEN

23b. DATE

access KOO KARIPE LIFER HE WE IN THE PER TRUEN PROJEK HOLED NEWSON

nevil limitor page 3

DIVISION OF VITAL RECORDS, 201 W. PRESIGN ST. BALTIMORE, MARYLAND 21/201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death senting an executed within 24 hours after reformed by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the offending frostocy fund tompitatif filling in the the should be detached for use as the burial-transit permit. Then please remove a chibin reprint Facility and 2 and defined with the State Dept of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other troumail count illuminated to be interested to the countries of the countr
OI W. PRES	s that the de	ed by the att	or other trau
RECORDS, 2	law requires	os been signe sermit Then p	ys any injury.
N OF VITAL	SICIAN. The	certificate hi orial-transit p Aental Hygien	Herp 18 show
OISINIO	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove colonic with the State Dept of Health and Mental Hygiene prior to burial, cremation,	is marked or
	TAL OR ATT	RAL DIRECTO detached for tote Dept of	LT. If Hem 21
	TO HOSPI	should be with the S	IMPORTAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYD	REG. N	0	0 0	in a
	CEASED NAME FIRST	A	AIDDLE	l	AST	20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
(1.07	WILHELMI	NA 1	н.	HES	SS	JULY 29	, 19	85	9:35pm
3. SE	X	RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	FEMALE	WHIT	E	OCTO	BER 23,1916	68	YRS	NOW HS DATS	MIN.
		b. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
7	WASH., DC	U.S.	A-	WIDOWE		MONTGO	MERY	00.	MD
10 C	ITY OR TOWN OF DEATH	II. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
1	TAKOMA PARK		INGTON AL		ST HOSPITAL	HOUSEWIFE			HOME
130. S	AL RESIDENCE (IF NO STATE NO. COUN PRINC	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI ADELPHI	N	13d INSIDE CITY LIMITS? YES XX NO []	13e STREET ADDRESS . 8217- 18			783
4 F/	ATHER S NAME	NDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	1
	NEWTON	В.	HUMMER		MARTHA	В.		HUMMER	
	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	NO	TOTAL ON DIFFICE	577-03-5	502A	MR. CLAIR HESS	S-HUSBAND-82	17-18	th AVE.	ADELPHI
CERTIFICATION	18 CAUSE OF DEATH Enter onl PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT C. LIPO DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	DUE TO, OF ONDITIONS CO	R AS A CONSEQUE CR AS A CONSEQUE CR AS A CONSEQUE CR AS A CONSEQUE CR AS A CONSEQUE TION FOR WHICH FINJURY	NCE OF CLUB OF CHE OF CHE OPERATIO	eng	200 AUTOPSY? YES NO NO	206 IF YES IN CERTIFY		Grans .
AL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.		Y YEAR					
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	22a I certify that (I) (this hospith saw the deceased alive on above, (I) (ma) (did) (did not 22b SIGNATURE FURLING AT 22d PHYSICIAN'S NAME (1YPE OR TWO BY AV. BR	-	50 Day		22e ADDRESS	death occurred on the do	FF CIAN []	224. DATE	SIGNED
23a. E	BURIAL, CREMATION, REMOVAL	23b DATE		IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	BURTAL	AUG.2/	1985 M	IDLAN		MIDLAN		VIRGI	NIA
24 FI	HYSONG CO., INC.	-1300-N	STREET, N	W W	ASH., DC	TE RECID. BY REGISTRAN			URE Randall

DHMH - 16 60M 7/B4 (VRA 15, 4)

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CALLE OF CLLES THE CALLED BROKEN

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	CATE OF DEATH		REC	G. NO.			
4		CEASED NAME FIRST	MID	DLE	į.	AST	20. D	ATE OF DE AT	н момін	DAY YEAR	26 HOUR	
	TIANE	ROBERT	MA	CK		HOBBS	A	ugust	27.1	985	12:30	G.Am
	3 SE)	X	4 RACE	5	DATE C		6 AG	E (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS		HR'.
1		MALE	CAUCAS1		JUL			63	YR	S	NOOMS /	n IN.
		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WE		MARRIEI	NEVER MARRIED	XX 9 BA	LTIMORE CIT	Y OR COUN	TY OF DEATH		
2		EST VIRGINIA	U.S.A.		VIDOWE	D DIVORCED			ONTGO			MD.
	10 CI	TY OR TOWN OF DEATH		SPITAL, NURSING ACILITY, GIVE STREET ADD		R OTHER INSTITUTION		OF WORK FOR M			OF BUSINESS	OR
j		OCKVILLE	SHAT			VENTIST HO	OSP.	CLEI	RK	MOI		
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN ARYLAND MONT		CITY OR TOWN		136. INSIDE CITY LIMITS	? 13e.S1	REET ADDRE	SS / ZIP CO	EVAN:	2090 S DRII	
9		ARYLAND IMUNI	GUMERY	SILVLK	SIK	15 MOTHER'S MAIDEN	NAME		461	LVAIN	S DKII	1
Ú			MIDDIE	IOBBS		ELIZA		Н міро	LE	KN	PP	
0		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECURIT	IY NO.		ROTH		DDRESS		217	_
1		YES (IF YES GIV	WAR OR DATES)	ded Known		RICHARD			ARLI	NGTON,		206
I.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly ane cause per lig	e far (a), (b), and	C1	PI	0	10		APPRO BETWEEN	XIMATE INTERVA	ATH
	-		E CAUSE (a)	yarandio	ing	CICTION Q	ude	arrThy	mia			
):		DUE TO, OR A	S A CONSEQUEN	CE OF	K+						
H	53	Conditions, if any, which gave rise to immediate	(b)	Jardaa c	C'	IYESI				1		
	F	couse (a), stating the underlying cause last	DUE TO, OR A	2 ONSEQUEN	CE OF	ual Labor						
		PART 2 OTHER SIGNIFICANT O	ONDITIONS CON	87431.3	ATH BUT	NOT RELATED TO THE TE	ERMINAL	DISEASE OR C	ONDITION	GIVEN IN PART 1	a	
b.	O											
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OF	PERATIO	WAS PERFORMED	200	AUTOPSY?		YES, WERE FIND		,
0	RTIF							S NO	A	YES	NO 🗌	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		MONTH DAY	YEAR	21c. HOW INJURY OCC	URRED (E	NTER NATURE O	INJURY IN HEM	18 PART I OR PART 2)		
	CAL	LIFEITHER NOTIFY MEDICAL EXAMINER			19							
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE FARA	A ETC)	21f LOCATION STREET		CITY	OR TOWN	COUNTY	51A1	E
		MHILE NOT WHILE AT WORK				4						
	10	220 I certify that (I) (this haspi	011016	A seem	713	19	, to	8/2	8	. 19 8 5	, that (I) (we	
		saw the deceased plive on above, (1) (me) (gill) (did no	t) view the bady aft	er death		d that in (my) (<u>our)</u> apini	ion death (occurred an th	he date and l			d
		226. SIGNATURE	171	C R	[DEGREE	S AND MEI	DICAL	STAFF	1 1	SIGNED	
		O / Muco	CHON				DIRE	CTOR PH	YSICIAN [6	28/85	
1		27d PHYSICIAN'S NAME (TYPE O		70		77e ADDRESS				71		
1	14	Smith S. Ho, M				7610 Carrol			l'akoma	Park, M	D 209	12
7		SURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE			EMETERY OR CREMATOR	RY 230	LOCATION	N	COUNTY	STAT	E
	24 51	BURIAL	9/1/8	END	OF	THE TRAILS		LINTON			BORO	W.VA.
		INERAL DIRECTOR FRANC	CIS J. CO	LLINS			DATE REC	D. BY REGIST	RAR 756. REG	ISTRAR'S SIGNA	TURE PARA	-
Н	500	UNIV.BLVD., W.,	SILVER S	PRING, MD.	209	001	EDG	100F	whar	Davidson-P		

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital or attending physician.

BP.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OCC 1-5			STATE REGISTRAR	DEP	CERTIFICATE OF DEATH	REG. NO.	
4 . 6	to de de	I DE	CEASED NAME FIRST OR PRINT) War	ner H.	Hord SR		DAY YEAR 25. HOUR 85 1140 M
ge 4 may	ns after d	3. SE	Male	White	5. DATE OF BIRTH MONTH JUNE 7. 1904	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	FUNDER 1 YEAR IF UNDER 24 HRS
death. Pa	Jan 72 ho		COUNTRY) (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN		Montgomere	
rs after o	Page 1	R	ockville	Shady Co	in Alice Cant 1	128 USUAL OCCUPATION (TYPE OF WORKJORNOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
n 24 hau filled in	and be	13a		NTY ME CITY OR	13d. INSIDE CITY LIMITS? YES \(\text{NS} \text{NO} \text{ NO} \text{ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\texi{\text{\text{\texi{\texi\texi{\texitex{\text{\te\tint{\text{\tint}\text{\texit{\texi{\texi{\texi{\texi{\tex		32 21794
ampletely	and 2 s	1	THER'S NAME	MIDDLES HORE		MIDDLE	Dood y
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C	sent, il		PART I. DEATH WAS CAUSE IMMEDIA		recenoné		10 dez
at the death o	cremation, or other traumatic		Conditions, if any, which gave the to immediate course to, stating the underlying cause lost.	DUE TO, OR AS A CONS	aspendeo	~	10 day
the squares the	r. Theo pleo or to buriol y injury, or	TION	Corocos	- and i	Concern for the term	essoclopes,	Parlowins
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YSICIANS ling physical	Mental Fr	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH	DAY YEAR 19 711 LOCATION	AL MAIN IN VERNIN TO SELTAN STEWN IN THE	Mar (Servar)
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BP_	-/	3	INERAL DIRECTOR	8-20-85	Creettrum Cemitin	MANUATE PLANTED BY REGISTRARIZED REGIST	Hound Md.
DHMH - 16 (VRA 1		17	arry W. Haish	t Sakerill	4. 00 1 1/.	UG 1 9 1985	avidson Handall

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FOR
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REGISTRAR

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1	10
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a repaired by the hospital or otherading physicion.

	STATE O	FMARY	LAND	W .
DEPARTMENT	OF HEAD	TH AND	MENTAL	HYGIENE
CE	RTIFICA	ATE OF	DEATH	

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	GIENE	2	3	3	3	1	
	CERTIFICATE OF DEATH		REG. N	Ю.				
E	LAST	20 DATE C	F DEATH	MONTH	DAY	YEAR	26 HOUR	
	Hudains		a	ug.	31.	198:	5/1045	7
	5 DATE OF BIRTH	A AGE UN	VEARS LAST BI	RTHEAVI	IF CIP	DER I VE AL	R IF UNDER 24 HI	85

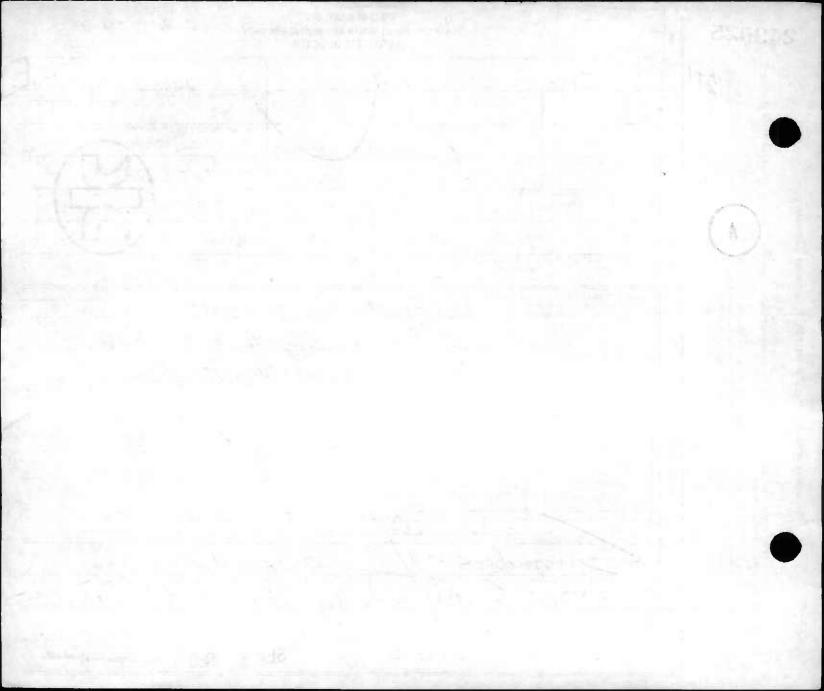
I. DECEASED NAME	FIRST	LE I	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
3. SEX Male	O KV	5. DATE O	7/	6 AGE (IN YEARS LAST BIRT	
A DIDYUDIAGE		MONT	dy 28 1917	68	YRS.
7. BIRTHPLACE (STATE OF		MARRIE WIDOWE	D NEVER MARRIED D	Montgomer Montgomer	r County of DEATH y County MD
Takoma Park		PITAL, NURSING HOME C LUTT SIVE STREET DEPRESSION TO		120 USUAL OCCUPATION OF THE CUSTOMS I	
Usual residence if hus Maryland	Prince George	BETESVILLE	13d INSIDE CITY LIMITS? YES NO X	179508 DFES	den Dr. Beltsville M
Charle's	WIDDLE	Hudgins	Agnés	Sabinä	Gallagher
160 WAS DECEASED EVEL	I THE YES CHIVE WAR OR DATES	155-01-8357	Margaret K.	Hudgins	Same as #13 APPROXIMATE INTERVAL BETTWEEN ONSET AND DEATH
Conditions, if on gove rise to in couse (o), stoti underlying cous PART 2. OTHER SIG	mediate ing the e lost DUE TO, OR AS (c) SNIFICANT CONDITIONS CONTI	A CONSEQUENCE OF A CY NUMBER RIBUTING TO DEATH BUT N FOR WHICH OPERATIO		acral Disconditions of autopsy?	DITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OA CONTANTULO D	CAUSE OF DEATH HOUR A.M.	JURY MONTH DAY YEAR	21c HOW INJURY OCCURR	YES NO DED (ENTER NATURE OF INJUR	YES NO
21d. INJURY OCCUP	RRED 21e. PLACE OF II		TH. LOCATION	CITY OF TOV	WN COUNTY STATE
sow the decep	(this bispital) attended the de ed alive on 8.30 (did) (did not) view the body after		1985 and that in (my) (our) opinion d	eoth occurred on the do	te and hour and from the causes stated
22b. 5 ic b) TUH	umider	1608	ATTENDING PHYSICIAN	MEDICAL STAF	
224 PHYSICIAN'S N	AME (TYPE OR PRINT)		27e ADDRESS 47/2	Beyn	yn Kd.
230 BURIAL, CREMATION	KIDEK SIII	OH /	Wheh Pa	211. 191	9. 20140

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Borgwardt 4400 Powder Mill Road

REGISTRAR 256 REGISTRAR'S SIGNATURE 1985 SEP 3



FOR STATE

REGISTRAR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

requires that the death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

13	-7		2.
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LHYGHER	IE D	6	2 3	V	Ó	G	
		REG. N	10.				
2.	DATEOR	DEATH	MONTH	DAY	YEAR	Th HOLLB	ı

Т		CEASED NAME FIRST MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
I	LAME	Jerry	Imes	Au	9 6 1985 825
I	3. SE)		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
1	,	MAIE BLACK	Sept. 20 1931	53	YRS MONTHS BATS HOURS MIN.
1	7a. BII	RTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUN	NTRY? 8	9 BALTIMORE CITY C	OR COUNTY OF DEATH
1	C	COUNTRY) MD (15A	MARRIED NEVER MARRIED	Mant	gomery
4	10 CI	ITY OR TOWN OF DEATH III. NAME OF HOSPITAL, N	WIDOWED DIVORCED UNURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	MD. 12b KIND OF BUSINESS OR
1	Si	I (Jer Spring (IF NO) INSUCHEACILITY, GIVE		Bulldozek	
		STATE IN 136/COUNTY IT TO OR	LE BEFORE ADMISSION 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE 20837
t	4 FA	ATHER'S NAME	15 MOTHER'S MAIDEN NA		resulting the transfer of the
4		JOHN O. Ime	ES FRS	llie MIDDLET)1995 LAST
T	60 V	VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL YES, NO ORUNKNOWN) (1E YES GIVE WAR OR DATES)	L SECURITY NO. 11 HTORMANT	ADDR	iss and in
Į.		No 579-	38-8603 Juanila -	mes wit	2) Same #5#13
F		18 CAUSE OF DEATH Enter only one cause per line for in			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MAC ARREST	4 7 3 5 G	40 minutes
1		DUE TO, OR AS A CON	SEQUENCE OF		
1		Conditions, if any, which (b)	MINE MAYTIMIA		
1	13	gave rise to immediate CDUSE (a), stating the DUETO, OR AS A CONS	SEQUENCE OF		
ı		underlying cause last.			
1	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	IG TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 110
1	CERTIFICATION	Reval Failure, by	UR als		
1	CA	196 DATE OF OPERATION 196 CONDITION FOR W	WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	TIE			YES NO	YES NO
1		210 ACCIDENT WAS UNDERLYING 216 TEME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH	TH DAY YEAR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T OR PART 7)
I	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.	19		
1	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY [AT HOME STREET, FACTORY O	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
ı	2	WHILE NOT WHILE AT WORK			c
1		220 I certify that (1) this haspital) attended the deceased f	from 8/8 19_ 83	to 8/6	19 , that II (we) lost
		saw the deceased glive on obove, () (we) faid (did not) view the bady after death.	19 and that in (my) (our) opinion	death accurred on the d	ote and hour and from the couses stated
ı		22b. SIGNATURE	DEGREE		22c DATE SIGNED
1		Mymmd Bar	MI ATTENDING PHYSICIAN I	MEDICAL STA	
1	1	224 PHYSICIAN THAME TYPE OF PRINT)	77e ADDRESS	A A	2
- 1		7	0000	1/7	
		RAYMOND BASS	1 3424 1-en	aux In	Wheaton Ad Loga
+		RAYMOND BASS BURIAL CREMATION, REMOVAL 1236 DATE	3424 I-CVI	123d LOCATION	Wheaton, Med 2090 C
1		RAYMOND BASS	TI - 1 1/Y	23d JOONTION LEUTOR TOWN	wheating red 20% o
	(RAYMOND BASS SURIAL EREMATION, REMOVAL 23B DATE SPECIETY BURIA 8-10-85	Jerusalem Ch. (bn	n tooles	Wheatin, Md 2040 C oille Monty Md

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached far use as the burial-transit permit. Then please remove corbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal MMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event,

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	IING PRYSICIAN. The or otherding physician	\$ 8
(ADRIG BrySCIAN. The law requires that the death certificate be secured within 24 hours of attending physicinn.	Latter this certificate has been signed by the orbitating glay four and completely filled in by see so the burial-training permit. Then please remove contributed for some 1 and 3 should be file.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	REGISTRAR			CERTII	TCATE OF DEATH	REG. N	0			
		FIRST	MIDDLE		AST	2a. DATE OF DEATH		AY YEAR	26 HOUR	
	(TYPE OR PRINT) POLL	Y SUS	AN	IRE	BY	AUGUST	16	1985	9:32 рм	
3	SEX	4. RACE		S. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
L	FEMALE	CAUCAS	IAN	JÄNU	JARY 21 1938	47	YRS	DATS	MIN.	
1	BRTHPLACE STATE OF FOR		WHAT COUNTRY?	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY C				
1	TEXAS	USA	1	WIDOWI		MONTGOMERY			MD.	
1	BETHESDA	NAVAL	HOSPITAL I	BETHE	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST C SUPPLY CLE	F WORKING LIFE	INDUSTRY	GOVT.	
1	VIRGINIA P	NOME OF OTHER INSTITUTION COUNTY RINCE WILLI	13c CITY OR TOWN		YES NO 🛣	13e STREET ADDRESS A	ZIP CODE EDALE	AVE. 2	22193	
7	PERRY	GRANVILLE	LANGE		15. MOTHER'S MAIDEN NAM	JUANITA		ROSE	ST.	
7	60 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECUR		17. INFORMANT	ADDR				
L	NO		467-62-81	95	JAMES F. IRB	Y 13815 M	IAPLEDA			
Г	18 CAUSE OF DEATH	Enter only one cause per	line for (a), (b), and	c				BETWEEN	MATE INTERVAL	
L	PART I. DEATH WAS	S CAUSED BY: AMEDIATE CAUSE (a)	INTERNAL I	BLEEI	DING					
п										
	0 10 11	DUE TO, OR AS A CONSEQUENCE OF BLAST CRISIS								
		Conditions, if any, which gove rise to immediate								
Т	cause (a), stating	cause (a), stating the DUETO OR AS A CONSEQUENCE OF								
Т	underlying cause	underfying cause last CHRONIC MYELOGENOUS LEUKEMIA								
1	PART 2 OTHER SIGNIF	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	Z Z									
	190 DATE OF OPERATION	190 DATE OF OPERATION 196 CONDIT		ION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?		WERE FINDIN		
П	OH I				YES X NOT	IN CERTIFY	YING CAUSES	OF DEATH?		
-1	2 fg. ACCIDENT WAS UNDER	LYING 1 216. TIME C	F INJURY	171, HOW IN HIRY OCCUPS		RED (ENTER NATURE OF INJU			NO A	
1.84	OR CONTRIBUTING TO CAL		M. MONTH DAY	YEAR		(Ellifa Harone or 1100				
1	(IF EITHER NOTIFY MEDICAL		M.	19					1995	
	(IF EITHER NOTIFY MEDICAL	LAT HOME STI	OF INJURY REET, FACTORY, OFFICE, FAR	M. ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
П	NOT WHILE									
1	22a I certify that (I) (t	his haspital) attended the	e deceased from 10	JUI	Y 19_85		ST I	9_85	that (1) (we) last	
1	saw the deceased	alive an 16 AUG	UST 19 8	35	nd that in (my) (aur) apinian o	death accurred on the de	ate and hour	and from the	causes stated	
1	22b. SIGNATURE) (did not) view the body	after death		DEGREE			22¢ DATE	SIGNED	
I	-/1	1. HEVE	X	m	ATTENDING	MEDICAL STAI		14 1	us 1985	
1	22d. PHYSICIAN'S NAM	E (HE CHINT)		-	4	HOSPITAL,		MEDICA	T. COMMAN	
ı	JOHN H. E	DMUNDS, LCD	R, MC, USN	1	NATIONAL CA					
2	30 BURIAL, CREMATION, RE				EMETERY OR CREMATORY	23d LOCATION	,			
1	Burial	A110 2	1 1985 C	rand	lfalls Cem	Monahan		Ward	STATE	
2	4 FUNERAL DIRECTOR		South			E REC'D. BY REGISTRAR			Texas	
	Alileon - Mill		ADDRESS			-11		AN O SIONAL		

and Mental Hygi

ould be detoched th the Stote Dept

(VRA 15, 4)

MPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE

STATE OF MARYLAND

	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	STENE -	- 0	J	- 3	0
	CERTIFICATE OF DEATH	REG. I				
E	LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	TACKSON		8-1	19-	15	12:25
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	HRTHPRY)	IF UN	DERIYEAR	IF UNDER 24 HRS

REGISTRAR		-		REG. NO.	
	IRST	WIDDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT)	NA	TACK	800	8-1	19-85 12:25
3. SEX	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHERY)	IF UNDER I YEAR IF UNDER 24 HRS
15mali	= whit	te Month	-16-07	/ X _{YRS}	MONTHS DATS HOURS MIN.
TO BIRTHPLACE STATE OF FORE	16 CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
Maky and	- U.	S. A. WIDOWE	DIVORCED	Montgomen	MI
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME OF	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
SINER SPAN	76 HOLY	Chass HOSI	PITAL	SALES LADY	RETAIL
USUAL RESIDENCE (IF NURSING		GIVE RESIDENCE BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	1136 STREET ADDRESS / ZIP CO	ne 2(85)
	MONTGOMERY	U.S.A	YES NO		MELIBOURNE A
14 FATHER'S NAME			15. MOTHER'S MAIDEN NA		
WILLIAM	MIDDLE.	SACKSON	MAGG	IE E	PARSLEY
160 WAS DECEASED EVER IN		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	//
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	578-42-5267	LINDA A. A	HOWE, 416 E. A.	PELIBOURNE AVE.
PART I. DEATH WAS		line for too, the, and is CEREBRAL	LUASCULAR	2 ACCIDENE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Conditions, if ony, w	hich ((b)	ATHEROSCHE	EROTIC HEAR	T DISEASE	
gove rise to immed					
underlying source	DUL IO, OI	r as a consequence of			

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 201. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
OK.	21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?)

OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY

CITY OR TOWN COUNTY STATE STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 I certify that (L) (this hospital) attended the deceased from sow the deceased alive obove, (I) (we) (did) (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

274 DATE SIGNED 8/20/85 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

AN'S NAME (TYPE OR PRINT)

LAN DIAMONS CHURR SPRING MD

DHMH - 16 60M 7/84

MEDICAL

230 BURIAL, CREMATION, REMOVAL

H.S.A. Squarency Person ALD MONTHWAY H.S.+ HILL SOLT MELITERAYS THE Hayeren H Thrown Market & PACKEY S 578.42 5257 Lowes of Hole , 416 E MELBONELE MESSE Builder Total Table OF Table OF SOMERES FOTCHESS. AD The state of the s 228119

1 - STATE

THE FUNERAL DIRECTOR, AGE 5: FOR YOUR FILES, FILED, WITHIN 72 HOURS 901 W, PRESTON STREET, DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS ATTERDATE EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING" IN PENCIL IN ITEM 18 GIVE PAGES PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORWARD TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, INVISIT BAGES ARE ABOUT AND MENTAL HYGIENE, INVISIT BAGES AND BAETIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

07/84

25M

BP.

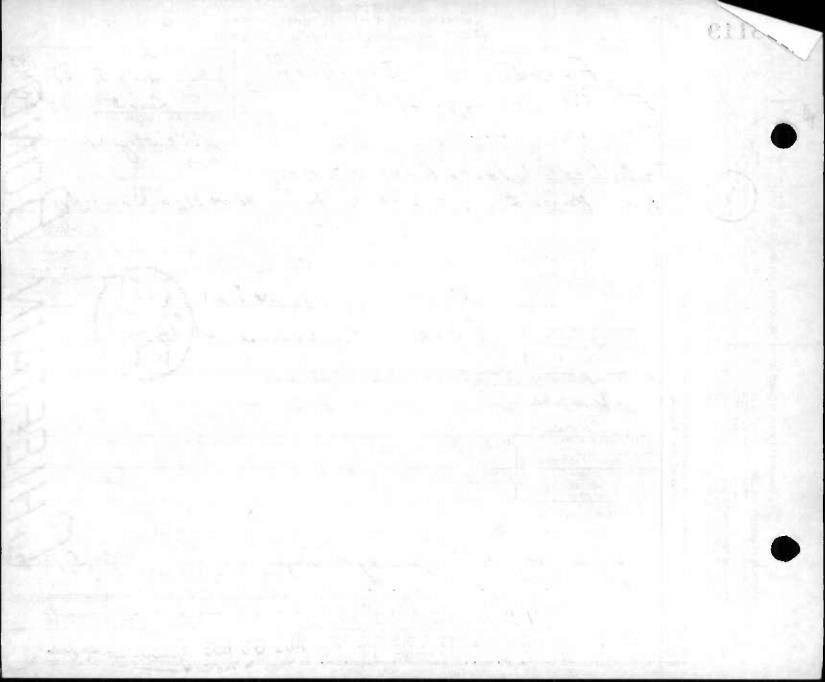
DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	-	-
1			

		REGISTRAR	ME	DICAL EXAMINER 5	CERTIFICATE OF	DEATH REG. NO	
	1. DEC	CEASED NAME	FIRST , FRIEDA	WIDDLE	JACOBSON	20. DATE KNOWN OF ESTI-	TH DAY YEAR 26. HOUR
		-	vicda	nmn J2c	0650n	DEATH MATED	= J7 10 85 20 M
	3. SE¥	EMALE WHI	TE S. DATE OF BIRTH	6. AGE (IN YEARS IF UI	NDER 1 YR. IF UNDER 24		YEAR 28 HOUR
1		FL	V Sopt.1.	423 6/ YRS.	THS DAYS HOURS A	PRONOUNCED DEAD	19 PT X M
1		RTHPLACE (STATE OR	76. CITIZEN OF W	AT COUNTRY?	IED A NEVER MARRIED	9. BALTIMORE CITY OR COL	UNTY OF DEATH
1	u	SASHINGTON,	u.s.A.		VED DIVORCED		CAMELYND
71	10. CI	TY OR TOWN OF DEAT	H II. NAME OF HOS	PITAL, NURSING HOME, OR OTH	HER INSTITUTION	20 USUAL OCCUPATION (TYPE OF A	OR INDUSTRY
1	3	Tek.P:	WK W/20	L. Deven	-to Hava	HOUSEWIFE	OWN HOME
20	30 S1	L RESIDENCE (IF IN HURS	HOME OR OTHER INSTITUTION, G	VE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? 13	street ADDRESS 20912	, , , , , , ,
2		uds F	Mince Geor	ortak Pork	YES NO	7604 H2 mm	
P	FA	BRAHAM	WIDDIE	77	15. MOTHER'S MAIDEN	NAME	LAST
1				BENSON	IDAST		LEONARD
2	Ton. V		U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	17 INFORMANT	7604 HAMM	IOND AVENUE
p	10			578 16 5099	DAVID JAC	OBSON, TAKOMA PA	
		18. CAUSE OF DEATH PART I DEATH WA	(Enter only one couse per line	for (a), (b), and (c).)		11.15	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
М			IMMEDIATE CAUSE (0)	Youke 1	LY OCKY	dia VIII.	
	19	Contract of	DUE TO, OR	AS A CONSEQUENCE OF		1 1 1 13	
		Conditions, if an gave rise to it	mmediate (b)	NVONICA	LYOCZV	212 Vis.	
		cause (a) stating t lying cause last.	he under-	AS A CONSEQUENCE OF			
			(c)				
	z	PART 2 DINER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEAS	SE DR CONDITION GIVEN IN PART 1	(0),	
7	CERTIFICATION	19g. DATE OF OPERAT	DNE THE CONDI	TION FOR WHICH OPERATION V	(AC DEDECORATED)		Ton Autonova
/	FICA		17. 00.10	HOIN FOR WHICH OPERATION V	AS PERFORMED!		20 AUTOPSY?
100	ERT	21g. EXTERNAL CAUSE	WAS 216 TIME OF	IN ILIRY 21, H	OW IN HIPY OCCUPRED	ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	YES NO
1		UNDERLYING O	HOUR A.M	MONTH DAY YEAR	OW INJOK! OCCORRED	CHICK INVIOLE OF INJURY IN HEM 10 PART 1 O	TONIE)
1	MEDICAL	CONTRIBUTING CA			CATION		
	ME	WHILE NOT W			STREET	CITY OR TOWN	COUNTY STATE
	-	AT WORK AT WO	ORK				
		220. I certify that I t	ook charge of the remains des	cribed obove, held on Autor	ny . Inspection .	, Inquiry , and in my	y opinion
		death resulted fram:	Natural causes	Accident Svicide	. Homicide	Undetermined manner,	
		ACTUAL	OP		TITLE (SPECIFY)	DA	TEA HISTORY
1	1	SIGNATURE		Och Le	0 100	MEDICAL EXAMINER SIG	1983 1983
4		EXAMINER'S NAME	DR. JOHN S.	ROCERS M. P.	1919	SEMINARY ROAD	
	73n BI	(TYPE OR PRINT) URIAL, CREMATION, REA		23c. NAME OF CEMETERY C	ADDRESS STILL	FR SPRING, MARYL	AND
		URIAL	8/7/1985	KING DAVID M			VIRGINIA
	24 /	HYERAY PIRESTOR OT				D. BY REGISTRAR 25h REGISTRAR	'S SIGNATURE
	0	29 CADDOLL	STREET N. W.	MORIAL FUNERAL WASHINGTON D		1 1 marie	from Randelle
	-	WE WARRY !	DIRLL IV. W.	WASHINGTON D		A on and basing to	



FOR STATE

	iter death. Page 4 may be	he funeral director, page 3 within 72 hours ofter death
T., BALTIMORE, MARYLAND 21201	Vinate be executed within 24 hours of	its sicion and completely filled in by the propers. Pages 1 and 2 should be filed and 0.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the contract of the executed within 24 hours ofter death. Page 4 may be refounded by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by in a factory of a priction and completely filled in by the funeral director, page 3 should be detached for use as the buriof-transit permit. Then please in the buriof-transit permit. Then please in the buriof common places is and 2 should be filed within 72 hours often death with the State Dept. of Health and Mental Hygiene prior to buriof, cremit
	O HOS	should with the

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STATE OF MARYLAND	N =
EPARTMENT OF HEALTH AND MENTAL I	H'GIENE
CERTIFICATE OF DEATH	

	REGISTRAR				CERTIF	ICATE OF DEATH	REC	3. NO.		
	CEASED NAME	FIRST	A	AIDOLE	l	AST	20. DATE OF DEAT		DAY YEAR	26. HOUR
(TYPE	OR PRINT)	R	OBERT	Н.	JAM	ISON	AUGUST	8, 1	985	м
3. SE	X		4 RACE		5. DATE C		6. AGE IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.
	MALE		BI	LACK	NOV		81	YRS		HOURS MIN.
	RTHPLACE (STATE OR	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CIT			
	ALABAMA		US	A	WIDOWE		MOI	NTGOM	ERY	MD.
10. C	ITY OR TOWN OF DEA	ATH			G HOME C	OR OTHER INSTITUTION	120. USUAL OCCU		126. KIND O	F BUSINESS OR
	LVER SPR		SYLVA	N MANOR	NUR	SING CENTER	MAINT	ENANC	E (Ret)	
13a. S	AL RESIDENCE (IF NURS	MON	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 13. CITY OR TOW SILVER S		13d INSIDE CITY LIMITS?	13. SIREET ADDRE	SS AK LEA	AF DR./ 2	0901
14. F/	THER'S NAME					15. MOTHER'S MAIDEN NA				
	FIRST	NOWN	WIDDLE	LAST		FIRST	NKNOWN MIDD	.€	LAS	T.
16a \	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT	AC	DRESS		
-	YES NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	402-05-1	378	SELDON HIGGI	NS (STEP-	SON) S	AME AS #	13
	18. CAUSE OF DEAT PART I. DEATH W	AS CAUSE	D 8Y:	ANCE	7.0	FTHE ES	SOPHAL	205	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)			1111				
	Constitute of	DUE TO, OR AS A CONSEQUENCE OF								
	gove rise to imr	rise to immediate (b)								
	couse (o), stoting underlying couse		DUE TO, OF	R AS A CONSEQUE	NCE OF					
-3	BART 2 OTHER SICE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)								
N	PART 2 OTHER SIGI	VIFICAIVI	CONDITIONS CC	NINIBUTING TO L	ZEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	CINDITION	GIVEN IN PART TI	2
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF	YES, WERE FINDIN	GS USED
IFIC			THE				YES T NOT		RTIFYING CAUSES	OF DEATH?
CERT	210. ACCIDENT WAS UNI	DERLYING [216. TIME O		1 1	21c HOW INJURY OCCUR				
	OR CONTRIBUTING		AIH		Y YEAR					
MEDICAL	216. INJURY OCCUR		21e PLACE (iA	21f. LOCATION				
ME	WHILE NOT WH	TILE .	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY	OR TOWN	COUNTY	STATE
	220.1 certify that (I)		ital) attended the	e eceosed from_	29	July 10 85	8 #	146	10 85	that # (we) lost
	sow the deceose	ed olive or	3/00	19	35 0	nd that in (my) (our) opinion	death occurred on th	ne dote and		
	obove, (I) (we) (lid) (did m	view the body	ofter death.	1	DECAFE			22c DATE	SIGNED
	wa	XL	15/	Jow	m	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN	84	us 85
	THE PHYSICIAN'S NO	P	OR PRINT)	0711	110	220. ADDRESS	REFIEL	> PI) 11/HEI	TON MC
	WILLE	~ (=,00	0247,1	(1)	2207 -10	VELIEN	/ 1/	In.ich	1000

231. NAME OF CEMETERY OR CREMATORY

LINCOLN PARK CEMETERY

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

IMPORTANT: If hem 21 is marked or hem 18 shows ony injury, or other troa

George R. Snowden

BURIAL

23e. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

23b. DATE

8-13-85

246 N. Washington St. Rockville, MD 20850

ROCKVILLE, MONIG. MD

STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

TELETSIS

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIEN

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2	3	O	dig	-

FOR	DEPARTMENT OF HEALTH AND MENTAGHYGIENE
STATE	ALEDICAL EVALUATED/C CEDEURCATE OF DEATH
REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO.

8 H / O	(TYP)	Clara	Eager G		Johnson	OF ESTI- A	ug. 25 19 85 93
ON ST	7a. BII		May 12,18 The Citizen of What United St	198 87 YRS.	UNDER 1 YR. IF UNDER 2 NIHS DAYS HOURS RRIED NEVER MARRIE DWED A DIVORCE	PRONOUNCED DEAD AUGUS DEAD OR CITY OR C	OUNTY OF DEATH
00		OR TOWN OF DEATH Bethesda		AL, NURSING HOME, OR O'	THER INSTITUTION	126 USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING LIFE) Legal Divison	WCRK 12b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't
10.00	30 ST Ma:	ryland Montgo	Y 1:	esidence Before Admission) 3c. CITY OR TOWN Bethesda	YES NO X	13e street address 4400 East West H	20814 ighway. #207
2)			Gardiner	IS. MOTHER'S MAIDER Anna	Catherine	Howard
1	16a. W	(AS DECEASED EVER IN U.S. ARA S, NO, OR UNKNOWN) (IF YES, GIVE V NO	VAR OR DATES)	223 60 6369	Nanette J.		0 Douglass Dr. Lean, VA. 22101
HEALTH AND MENTAL H	CATION	Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	A CONSEQUENCE OF	ASE OR CONDITION GIVEN IN PART	rio Sclaros	20 AUTOPSY?
TO SOLUTION TO SOL	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EATH P.M.	NONTH DAY YEAR 19 INJURY (ATHOME, 21f L	HOW INJURY OCCURRED) (ENTER NATURE OF INJURY IN ITEM 18 PART	YES NO K
ITIMORE, MARYLAND, 2		22a I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE SIGNATURE John (TYPE OR PRINT)	Tauber, M.	Suicide Suicide	TITLE (SPECIFY) M.D. Deputy	Undetermined manner,	DATE SIGNED Aug. 26, 1985 Bethesda, MD.
	_	URIAL, CREMATION, REMOVAL 23		23c. NAME OF CEMETERY		23d. LOCATION	

AUSE ESS - -- Peture

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KTE	of the death certificate be executed within 24 ho
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2	certif
5	death
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*	thot
VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2120	R ATTENDING PHYSICIAN: The low requires the
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NOIS	PHYSK
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	TEN
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	TO HOSPITAL OI
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fishold be detached for use as the buriof-transit permit. Then please remove corbangopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to buriof, cremation, or removal.

UMPORTANT: If hem 21 is marked or hem 18 shows any injury, or other troumatic event, the medical examiner may be hattised.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	3	3	4-3	-

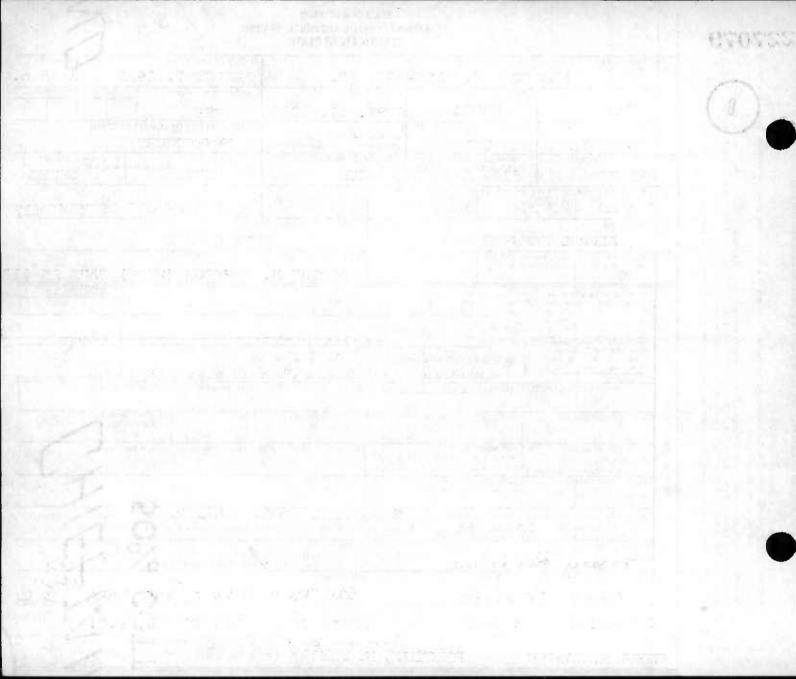
	1 -	FOR STATE REGISTRAR	DE		IEALTH AND MENTAL HYG ICATE OF DEATH	REG.	3 3	the sun	ì	
1		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
1	TYPE	OR PRINT) HAR	OLD G. J	OHNSON,	SR.	AUGUST	7, 1985	5	1:45	a.r
1	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST I	IRTHDAY) IF	UNDER 1 YEAR	IF UNDER 2	4 HRS
4		MALE	BLACK	SEPT	. 2 ⁵ 7, 1 ⁹ 18	66	YRS.	THS DAYS	HOURS	MIN.
1	7a. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? A		9. BALTIMORE CITY		FDEATH		
7	С	NEW YORK	USA	MARRIE	D X NEVER MARRIED	MONTG				1
-	In Cit	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	WIDOWI		120. USUAL OCCUPA		12b. KIND O	F RUSINES	MD.
]	BETHESDA	6107 LONE	OAK DF		TYPE OF WORK FOR MOST		INDUSTRY	CHUR	
	USUA 13a. S		OTHER INSTITUTION GIVE RESIDENCE STATE OF THE STATE OF TH	R TOWN ESDA	138. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
		MD MON'	rg Beth	ESDA	YES NO	6107 LO	NE OAK	DRIV	E/20	817
5	14. FA	THER'S NAME	MIDDLE	AST	15. MOTHER'S MAIDEN NA			LAS	T	
		ALFRED JO	OHNSON		E	EMMA GREE				
		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIA	L SECURITY NO.	17. INFORMANT	ADD	RESS			
		NO	t was on Dailes,		DOROTHY M. JOHNSON (WIFE) SAME AS #					#13
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	D BY:	this operation	rest			BETWEEN	MATE INTERV ONSET AND D	ÊÀTH.
			DUE TO, OR AS A CON	NSEQUENCE OF						
		Conditions, if ony, which gove rise to immediate	(b)	D.	abyry			100	4	-
		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON		instruction				1	
		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTION		NOT RELATED TO THE TERM		M MONOC			
d	NO				The transfer of the felling	THE PROPERTY OF THE				
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, V			12
	THE STATE OF					YES NO	YES	_	NO [11
9	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	URY IN ITEM 18 PART	1 ORPART 2)		
	¥	OR CONTRIBUTING CAUSE OF DEA	did .	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR		COUNTY	514	
	W	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY,	OFFICE FARM, ETC)	STREET	CITY OR	OWN	COUNTY	314	118
		220.1 certify that (1) (this hospi	tol) ottended the deceosed		19 78	, to Qua	7, 19	85.	that (I) (w	e) lost
		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body ofter death	1985.0	nd that in (my) (our) opinion	death occurred on the	dote and hour o	nd from the	couses stot	ed
		226. SIGNATURE			DEGREE	1		22c DATE	SIGNED	
		to perapers	an ofter		ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	8-7	-85	
		224 PHYSICIAN'S NAME (TYPE C	R PRINT)		22e ADDRESS			>1	WASH	4
		MARY Y	ESTIFO		330 new		Vive 1	JW,	D.	C
		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION	CELON	QUNTA	\$1,	ATE
		CREMATION	8-8-85	LEE CE	REMATORIUM	WASHIN	GTON,	J.C.		

DHMH - 16 50M 4/82 (VRA 15, 4)

GEORGE R. SNOWDEN

retained by the hospital or ottending physician.

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDRENE CERTIFICATE OF DEATH

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		REGISTRAR				REG. N	Ο.		
	1 DE	CEASED NAME FIRST	WIDDLE	L	ASI	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
poge 3	TYPE	CORPRINT)	HARD EDWARD JOHNS	ON		AUGUST 5	1985		3:42 8
a be	3. SE	X	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		ONTHS DATS	IF UNDER 24 HRS
age 4		MALE	BLACK		7 12 DA 1933 YEAR	52	YRS		HOURS MIN,
1 1 49		IRTHPLACE I STATE OR FOREIGN COUNTRY) EORGIA	7h CITIZEN OF WHAT COUNTRY? UNITED STATES	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
e 11/1	-	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWE		MONTGO		LISE KIND (OF BUSINESS OR
11/4/	6		(IF NOT IN SUCH FACILITY, GIVE STREET	ACORESS)		(TYPE OF WORK FOR MOST C			
574	-	BETHESDA	NAVAL HO			RETIRED		U.S.	A.F.
nod and Sel	13e. S	STATE 130-00	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOW ICE GEO'S LANHAM		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		717	20706
	-	ATHER'S NAME	CE GEO S LANHAM		YES NOTHER'S MAIDEN NA	7801 FISK	AVENU	JE.	20706
and 2	14 17	EDDIE JOHN	MIDDLE LAST		FIRST	AGNES WIL	LIAMS	LA	ST
n		WAS DECEASED EVER IN U.S. A		JRITY NO	17 INFORMANT	ADDRE	SS		
be ex	(YES, NO OR UNKNOWN) YES 195	52-1973 256-46-	6758	BETTYE D.JOHN	NSON, 7801 F	ISKE AT		
that the death certifical by the attending physical cereation, or remaind or an or cereation or cereation.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	ATE CAUSE (o) LIVER F. DUE TO, OR AS A CONSEQUE (b) CIRRHO DUE TO, OR AS A CONSEQUE (c) ACOHO	ATLURE ENCE OF SIS OF ENCE OF L ABUS	THE LIVER				kimaté intérval Onsét and death
equires in signe Then p r to bur	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
ne law r no. has bee r permit	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
ICIAN: The physicial physicial control of the physician control of the		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DITTER NOTIFY MEDICAL EXAMIN	BEATH HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	RT I OR PART 2)	
uG PHYS attending ter this c is the bur and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	ZIE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	FARM ETC }	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
TENDIN pital or TOR: Af for use a of Health		saw the deceased alive a	pital) attended the deceased from AU (UST 5 1981) not view the body after death.		ULY 22 , 19 85 d that in (my) (our) opinion (that (I) (we) last couses stated
AL OR AL DIRECTOR OF THE HOSE OF THE DEPT. T. If Item		27b. SIGNATURE	n a Dhao	4	ATTENDING PHYSICIAN	MEDICAL STAI	FIAN	578	SIGNED
PIT.		224 PHYSICIAN'S NAME (TYPE	OR PRINT))	22e ADDRESS NAVAL			EDICA:	COMMAN
HOS bined FUN ould the		W. A. DELACE	Y, LT, MC ,USNR	-	NATIONAL CAR				

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 8-9-1985 BURIAL

W. W. CHAMBERS CO.

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY ARLINGTON NAT'L.

ARLINGTON

234 LOCATION

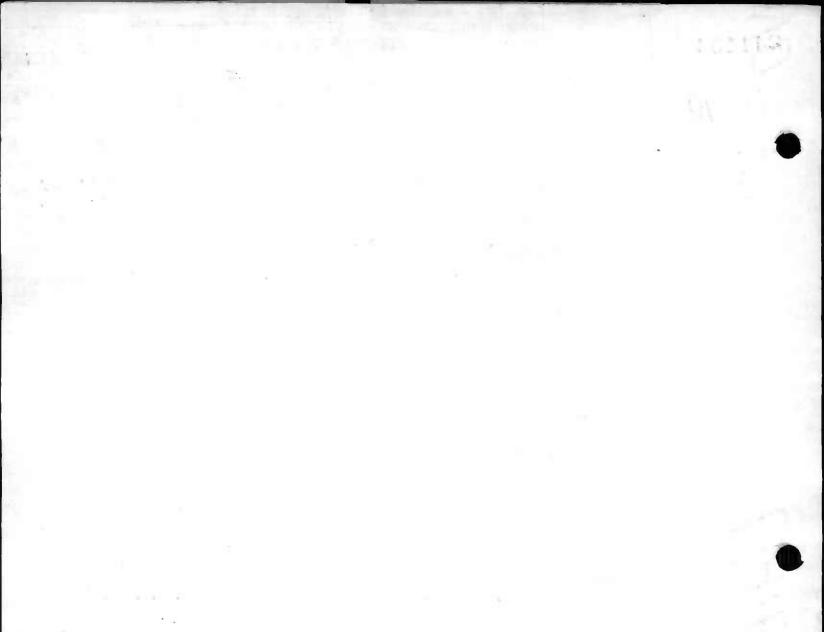
COUNTY STATE ARL. Va.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE RIVERDALE, Md. 20737

241134 |

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET JALTIMORE, MARYLAND 21201									
		CERTIFICATE OF DEA							
irst	Middle	Last	2a. DATE OF DEATH		2b. H				
es	н.	Jovner	Manth	Day 1985	13				

	NZ 4.		CEASED-NAME First	Middle		Last	2a. D/	ATE OF DEATH	.,	2b. HOUR
leat	eath and the	(1	You or print) Charles	н.	Jo	yner		Month Do	3 1485	1323 M
0	Tw2-5.1	3. SE	X	4. RACE		S. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
aft.	123 198 198 198		Male	Caucasia	n	8/14	/09	last hirthday) YRS.	MONTHS OAYS	HOURS MIN.
SUCS	& 000 m	7a. E	IRTHPLACE (State or foreign 7	7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED		TY OF DEATH		
4 h	- SE -	caun	Virginia	USA	WIDOWED			Montgomer	v Count	Ly Md.
2 1	SE E E	10. 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL	OR INSTITUTION (If	nat in haspital	12a. USUAL OCCUP	ATION (Kind of work dane	12b. KIND OF	
within	事意	S	ilver Spring	give street address) 3252 G1e	neagles !	Drive	Insur	irking life, even if retired.) ance	Ins. I	nc.
be executed	PROF. No. Am.	13a. admi	USUAL RESIDENCE (Where deceased ssian) STATE $m{M}m{D}$	d lived, if institution: Residence 13b. COUNTY Mont.	sefare Si∏v Spri	ETOWN 13d.	INSIDE CITY LIMITS?	3e. STREET AND NUMBER 3252 Glene	agles	20906 DR.
axec	IS NEED	J4. F	ATHER'S NAME First	Middle	Last 1	S. MOTHER'S MAIDE		Middle		Last
		1	Charles	H. J	oyner, Tr		Eva		Brad	lshaw
de	sacion pleos		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SEC	URITY NO. 17.	INFORMANT		Address		
requires that the death certificate	o v	()	es, na, ar unknown) (If yes give war N/A	or dates of service) N/A 219-10	-6205	Mildred	W. Joyn	er-wife-(sam	e as 13e	.)
Ge	25 E		18. CAUSE OF DEATH (Enter only						APPROXII BETWEEN O	MATE INTERVAL INSET AND GEATH
ath	attending phy permit. Then ian, ar remava		PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), 8Y: E CAUSE (a) DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN	atony	Jarlun	e.		24	HERES
o o	attendi permit. ian, ar ra			DUE TO, OR AS A CONSEQUEN	ICE OF		200			101
#	the sit protection		Canditians, if any, which gave rise to immediate cause (a),	(b) Amyeta	ophic	halera	e sce	reois.	61	ucocci,
tha	ian. by the ath transit perr crematian,		stating the underlying cause	DUE TO, OR AS A CONSEQUE	ICE OF					
res	physici signed burial-t		Mast.	(c)						
edu	physician. signed by the burial-transit burial, cremati		PART 2. OTHER SIGNIFICANT COND		BUT NOT RELATED 1	O THE TERMINAL DIS	SEASE OR CONDITION	N GIVEN IN PART 1(a)		
3	tending is been as the priar ta	NO.	Kentriculas	. 4					40 Maio Para III 41	PRTIMUM A
he la	as bas price	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	KIIFYING
-			21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. H	IOW INJURY OCCURR	RED (Enter nature of	of injury in Part 1 or Part 2,	, Item 18.)	
CIA	2 4 1	MEDICAL	OR CONTRIBUTING (AUSE OF DEAT	TH HOUR A.M. Manth Day P.M.	Year 19					
PHYSICIAN	by the hospital fler this certifice be detached fa State Dept. of H		21d INIURY OCCURRED 21e P		TREET, FACTORY.) 21f. L	OCATION Street ar	R.F.D. Na.	City or Town	Caunty	State
			While Nat while at wark			17 7	7 10 577	8 . 7		745 4 5 5
NO			22a. I certify that (I) (this saw the deceased ali	haspital) attended the d	eceased tram_	nd that in (my) 6	y 19 , 19	anth accurred on the d	late and haur	(I) (we) last
ATTENDING	DIRECTOR: A Shauld ed with the		causes stated abave,	(I) (we) (did) (did nat) view	w the bady after	death.	(oo r) apinian ae	sam accorred an me a	are and naur	and num me
	ECTOR: 3 shaul with th		22b. SIGNATURE	870 00	. 4.0	ATTENDING	MED	CTASE 22c	. DATE SIGNED	
OR	DIRECTOR: DIRECTOR: ge 3 shault led with th		Che	res Mamles	DEG	REE PHYS.	MED. DIRECTOR	STAFF D 8	. 23.8	. S.
IA	At DIR page 3		22d. PHYSICIAN'S NAME (Type) Oliv	ram I I and and	MD	22e. ADDRESS		Blvd. S.S.	M4 2000	16
SP	NER 4 m			ver J. Lawless,						
HO	TO FUNERAL D director, page shauld be file	23 a.	BURIAL, CREMATION, 23b. DA		ME OF CEMETERY OF			OCATION (City or Town)	(Caunty)	(State)
TO	0 0 0 v	24	REMOVAL (Specify) Burial Aug. FUNERAL DIRECTOR	26, 1985 Gat	e of Hear	ven Cemet	ery Si	Iver Spring	Montgome	ry Md.
	VR A15 (4) 25m·1/70	74. Н і	nes/Rinaldi Fur	neral Home Cil	or Shrin	o. Md.	AUG27	1985 2Sb REGISTERA	donnin fr.	100
				OTT/	OF Obran	O + DA	ALE A	V		



241036 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

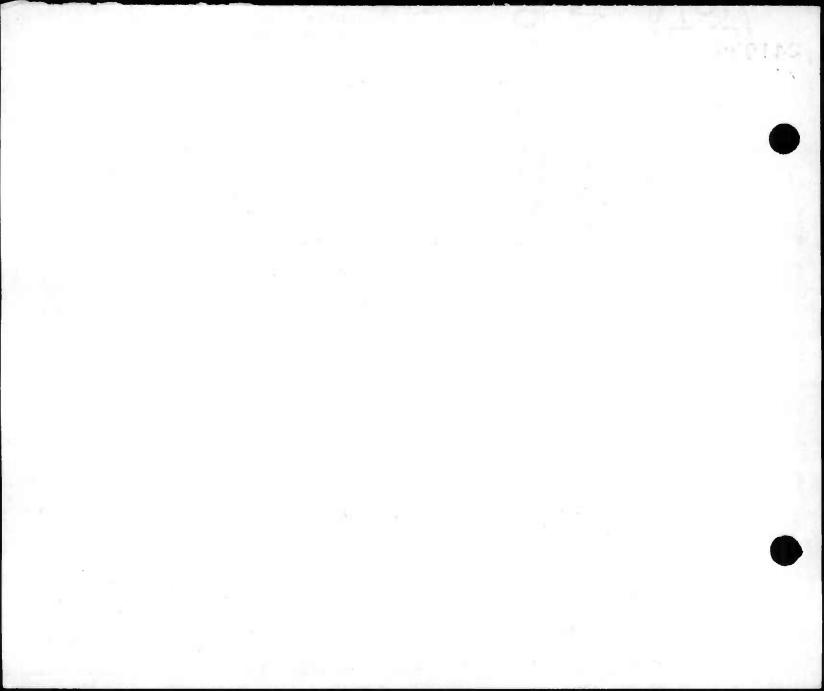
2	4		6.	
(Cine	3	0	- 3	

1	•	REGISTRAR				CERTIF	ICATE OF D	EATH	REG	NO.				
1		FASED NAME	FIRST		MIDDLE	l.	AST		2a. DATE OF DEATH		DAY	YEAR	26 HO	UR
	TIYDE	ORPRINT)	largar	et Kyl	0	J	uneau			8	24	82	120	3 PM
1	3 SEX		1	4 RACE		5. DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)		ER I YEAR	IF UNDER	
		Female		Cauca	asian	MONTH 8	S DAY	YEAR OS	80	YRS	MONTHS	DAYS	HOURS	MIN.
4	7a. BIR	RTHPLACE (STATE OR	OREIGN		WHAT COUNTRY?	8.	D NEVER A	AARRIED	9 BALTIMORE CITY	OR COUN	ITY OF D	EATH		
2	g	Virginia-		US	A	WIDOWE	_	ORCED	Mo	ntgon	nery			MD.
1	10. CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	12a USUAL OCCUP	ATION	12b	KIND C		
	1	ilver Spring)	Sylvan	Manor 1	tealth	Care Ce	nter	Registeres	1 Nor	SE	0.5	. GC	ovt.
4	13a. S	AL RESIDENCE IN NURS	13b. COUN		13c CITY OR TOW		134 INSIDE C	TY LIMITS?	13e STREET ADDRES	S / ZIP CC	DDE			
1		md	mon	rtgornery	SILVEY	Spring	YES 🗌	NO 🔏	and the same of th	4 Rus	SEIL R	d -	20	0910
7	H. FA	THER'S NAME		MIDDLE	LAST	5		MAIDEN NAM	AE MIDDLE			- 1AS		
u	/	David		Frank	Kyle			dna				Clâ	rke	
		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMA		Juneau	ORESS		_ 1	2-	- \
	(,,	No			216-44-9	635	Edwa	ira R.	Juneau	(Sai	me a	is I	3a-	e,
1		18 CAUSE OF DEAT	H (Enter on	y one couse per	line for (a), (b), an	id (ci.)	00		0	_		APPROXI	MATE INTE	RVAL
1	- 1	PART I. DEATH W		E CAUSE (a)	Udlegs	ant	Kebro	cel t	Reslecce	clon	a	3	no	K
1				DUE TO O	R AS A CONSEQU	ENCE OF								
1		Conditions, if any,	which	((b)										
1	1 5	gove rise to immediate to gove lot, stating	mediate)	R AS A CONSEQU	ENICE OF								
1		underlying couse		(5)	K AS A CONSECU	EIACE OF					}			
1		PART 2. OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	ONDITION (GIVEN IN	PART 110		
J	o O													
7	CAT	19a DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY2		YES, WER			
4	Ĕ	1							YES NO K		YES [CAUSES	NO [
Ħ	CERTIFICATION	21a. ACCIDENT WAS UND	-	2 Ib. TIME O		AV VE 10	21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF I	VJURY IN ITEM	18 PART I O	R PART 2)		
		OR CONTRIBUTING C			M. MONTH D. M	AY YEAR								
1	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATIO)N			-	OUNTY		STATE
1	×	WHILE NOT WH	ILE	(AT HOME, STE	REET, FACTORY, OFFICE, I	FARM_ETC.)	STREET		CITA OF	NWOT	((JUNIT		STATE
1		22a certify that (I)		al) attended th	e daceased from	51	28/8	10	to (F/24	10 8	1	that (warloss
1		saw the decise above, (((we))	Table 1		01311	87 or	nd that in (my	(our) opinion d	eath accurred on the	date and h	nour and	Irom the	couses st	oted
1		22h SKINATUR	fid) (did ng	the body	atter death.		DEGREE				2	2c DAVÉ	SIGNED	
.		XSAI	No	00 100	0000	11.17) A	TTENDING X	MEDICAL S	TAFF	- 1	8/2	4/1	7
4	1	22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT)	an,	40	22e ADDRES		O FAR	5ICIAN [125	11	12	
	7.9	XSAI	ROSE	=NBA	MD, MD			0/2	USING	MAGE	u	6	008	225
+	23n B	URIAL, CREMATION,	PEMOVAL	23b. DATE		NAME OF C	EMETERY OR C	PEMATORY	23d. LOCATION	con,		-		
		Cremation,		Aug.	25,1985			cemato:	Catal Car Lancius	hina	ton	Ď. C		STATE
	24 FU	INERAL DIRECTOR		12.				Average		25b REG			Hond	N. C.
		nes / Rina	14: 1	Junora.			14 · 11 ·	no Ma	0027 B	90				
		/ KIna.	TUT I	unera.	r mome ;	TIVE	T phr.	THA Ma	•	1				

IMPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, or other troumatic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

DHMH - 16 50M 4/83

(VRA 1S, 4)



ely filled in by the funeral director. I should be filed within 72 hours afte

may be

within 24 hours ofte

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

attending physician.

etoined by the hospital or

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

60 3

1	STATE REGISTRAR		CE	RTIFICA	ATE OF DEATH	REG. N	10.		1
	CEASED NAME FIRST (LLIAM	MIDDLE	KA	HN	20 DATE OF DEATH	MONTH 8	II 85	12 NOON
A SE	MALE	4 RACE WHITE	THE RESERVE	ATE OF B	IRTH	82 Urs	RTHDAY)	MONTHS DATS	
1	IRTHPLACE (STATE OR FOREIGN COUNTRY) AUSTRIA	U.S.A	WID	OWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNT	OMEY) MD.
S	ILVEY SPYING	(IF NOT IN SUC	ON U Cro	22	OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST ASST. SUP	OF WORKING I	LIFE) INDUSTRY	
130			GIVE RESIDENCE BEFORE ADMIS 13(CITY OR TOWN SILVER SPR	INC 13d	I. INSIDE CITY LIMITS?	13e STREET ADDRESS 2601 BEL			20906
	LOUIS	MIDDLE	KAHN	4.	PAULINE	MIDDLE		KLEI	
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES G	RMED FORCES?	078-24-592		DESSE KAHN,	ADDR BROTHER, WIN	10	Eu yar Gate, lai	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA		Renal -		u FFICLE h	ky		BETWEEN	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) _	PRTCRIES L	ere	TIC VASCU	LAR Dise	Ne		
ATION	PART 2 OTHER SIGNIFICANT CHIRGN 190 DATE OF OPERATION	ic Obs	ONTRIBUTING TO DEATH STRUCTIVE ITION FOR WHICH OPER	Pu	LMINARLY	DISCAS S 200 AUTOPSY?	2, 6		SN
CERTIFICATION						YES NO	IN CERT	TIFYING CAUSE YES []	
EDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DAY Y	'EAR	C HOW INJURY OCCUR	RRED (ENTER NATURE OF IN)	JRY IN ITEM 18	3 PART ORPART 2}	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY OFFICE FARM, ET		LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n	alex	11 19 85	_, ond th	not in (my) (aur) apinion	deoth occurred on the c	lote and ha		
	Perman Co	Free	ned het	DEG	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []		II-&
	BERNALI)	A. Fitz	29 epalo	22	17 UNIV. I	BLUD E, SI	luen.	SPRING	, md
	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	8/13/	85 RIVE	R SI	TERY OR CREMATORY DE CEMETERY	23d LOCATION CITY OF TOWN ROCHELL	E PAR	K, NEW	JERSEY
24 F	UNERAL DIRECTOR NASS	AU NO	RTH ADDRESS HA	PEL	250 DA	TE REC'D. BY REGISTRAL	256 REGIS	STRAR'S SIGNA	TURELOR.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

injury, ar ather traumatic event,

IMPORTANT: If Hem 21 is marked on term-18 shows any

(VRA 15, 4)

FOR - STATE REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

20 DATE KNOWN MONTH

ESTI-

OF

do	5	J	4.3	7	
	REG. NO	D.			

	ASE ET,			LEO			KA	LBERMAN	DEATH MATED	18 26	0 1985 (D) M
	PLEA ECTIC HOU STRE	3 SEX	1,500	4 RACE	S. DATE OF BIRTH	6 AGE (IN	YEARS IF UP			MONTH D	PAY YEAR 2d. HOUR
.nl	DIR OUR ON S	1	M ale	Cauc.	10 17	02 82		HOURS MIR	DEAD	8 26	1985 0310 M
The	RAIL Y Y		RTHPLACE (5	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	8 MARR	IED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH
	VECES UNER WITH		st Gern	nany	United	States	WIDOW	/ED DIVORCED	- MONTG	OMER	24 MD.
	SAMBO /	10. CT	TY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HO	ME, OR OTH	ER INSTITUTION 120	USUAL OCCUPATION (T	YPE OF WORK 17b	OR INDUSTRY
	A PA PA		CRVIL		SHABY ,	GROVE 1	1DVEN	MIST HOSEM	polesale Buto	cher S	Self-employed
100	50000	USÚ A 13a. S1		113b COUN	DROTHER INSTITUTION, GIV ITY	134 CITY OR TOWN	SSION}	13d. INSIDE COY LIMITS? 13e	STREET ADDRESS	1	0662
MD. 21201	3 228		MD	Mon	160MERLY	ROCKVIL	18	YES NO 🗌	118 MOI	URVE	CT
AD	H ASS	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAST
ORE,	88341			nuel Kal				Rosa		Strau	IS S
IWO	A SECTION /	(YE	VAS DECEASEI ES, NO, OR UNKNO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR		17 INFORMANT	4908 Mel'Inc	la Ct.,	
BALTIMORE,	SAP	No		N/A		089 22 5	358	Margot Schum	m Rockville	e, Md. 2	
	AT. E. D.			OF DEATH (Enter onleast) EATH WAS CAUSE	ly one couse per line						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	TEM ODN ONC VAL			IMMEDIA	IL CHOSE (O)	ARDIAC		RREST			ACUTO
PRESTON ST	THIN 24 JER ALOF ANSIT PEI AL HYGIE REMOVA		Conditio	ns, if ony, which	1	AS A CONSEQUENC		0	λ.		
4.	MINE MINE TRAN		gove ri	ise to immediate) stating the under-	< ,	AS A CONSEQUENCE		CLARDIOVA	SCOUME DI	UMASE	INDER
2 2	X AV X AV N, O		lying cau		DOE TO, OK	AS A CONSEQUENC	E OF				
38, 2	AND		PART 2 OTHER ST	IGNIFICANT CONDITIONS	CONTRIBITING TO DEATH R	HT NOT BELATED TO THE T	EBMINAL BICCAS	E OR CONDITION GIVEN IN PART 1			
RECORDS	MOING MOING MEDICA METHA REMA	Z									
REC	- GALEAL	ATIC	19a. DATE OF	FOPERATION	196 CONDIT	ION FOR WHICH OF				2	0 AUTOPSY?
IAI	N SE	CERTIFICATION				-				777	YES D NO P
OF V	THE SI WOOD BE CENT	ER	21a EXTERNA	AL CAUSE WAS	216. TIME OF		21c H	OW INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM I	B PART 1 OR PART 2)	10 2 10 2
	FICATE VOULD OULD OR TO		UNDERLYING	G OR ING CAUSE OF E	DEATH 02 30 PM	MONTH DAY YE	8 RI	AN DOWN 1	O FLIGHTS	OKS	TEPS
DIVISION	ERTI ING ED T S SH PRIC	MEDICAL	21d INJURY	OCCURRED	7 Te PLACE C		211 LC	CATION	CITY OR YOUR		
ā	ARD ARD ARD AFE I 201	8	AT WORK	NOT WHILE			118	MINROES 1	LOCKVILLE	MONT.	MASTATE
	TE, TE, VRW	-31			ge of the remains desc		Autop	sy Inspection	Inquiry U.	and in my opinion	on .
	AND THE NAME OF TH			ted from Natur			Suicide		ndetermined monner	,	
	EXAM CERTI UID B DIRE WARY		0	5/-	01	1. /	1.1	TATILE (SPECIFY)			0 1
	3#04E.		SIGNATURE	Belle	ced ll	legel	(de)	DOPT	MEDICAL EXAMINER	DATE SIGNED_	8126/15
	EDICAL TE THE A SHOI NORE, A		EXAMINER'S	NIAME	a	101			1	R 20	814
	★以来的時間		(TYPE OR PRI	NT) RAN	reis C	MAYLE		ADDRESS 8200 Wis	- adson Hen	PCTYES	DK My
	525 FEE	23a.Bl	JRIAL CREMA	TION REMOVAL 2	3h DATE	23c NAME OF C	EMETERY C	R CREMATORY 17.	d LOCATION		

73a BURIAL CREMATION REMOVAL 73b DATE Burial

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

STATE

BP. **DHMH - 17** (VR A15 ME (5)) 20M 4/82

28,1985 Cedar Park Cemetery 14 FUNERAL DIRECTOR THEST BEERSON Funerab

Westwood New Jersey

Davidon-Randall

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Unit Malbertan Straigs Straigs 1908 (#1 22 5558 Sarent Schumm (Seckville, M. 20155

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Con	5	V	3	
	050 11			

						c
IF ANY DELAY IS NECESSARY, PLEASE	NERAL DIRECTOR.	FOR YOUR FILES.	VITHIN 72 HOURS	ACINECORDS, 201 W PRESTON TREET,	7	>
AY IS NE	THE FU	AGE 5	FILED, V	100 ×	1	4
ANY DEL	AND 3 TO	RETAIN P	OULD BE	ECORDS.	11	6
<u>u</u>	2,4	3	SH	C	-	1

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

60003	-	REGISTRAR		WEDICAL EX	WINEK, 2 CE	KIIFICATE OF D	EAIH	REG. NO.		
-	DE	EASED NAME	FIRST	WIDDLE	LAS	ति । जिल्लाम्	20 DATE KNO	HINOM COLUMN	DAY YEAR	26 HOUR
EES. ES.		ORPRINI)	Albert	E.	Kaude	erer	OF ES	TED 08	0719 85	4:484
DOUR FILES.	3. SEX Mg	le Whi	S. DATE OF MONTH	DAY YEAR LA	GE (IN YEARS IF UNDE AST BIRTHDAY) MONTHS YRS.	R 1 YR. IF UNDER 24 HR DAYS HOURS MIN	PRONOUNCE! DEAD	Hus 1	DAY YEAR	2049 M
NERAL FOR Y WITHIN	Pa BI	Germany		OF WHAT COUNTRY?	MARRIED WIDOWED	DIVORCED [omery	Y OF DEATH	MD
PAGE 5	10 CI	Olney	(IF NOT IN	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET COMERY GEN	ADDRESS)	F	USUAL OCCUPATION NOST OF WORKING	ON (TYPE OF WORK	126 KIND OF BU OR INDUSTR	
AND 3 T AND 3 T RETAIN SHOULD B	13a. S	1/4.1	sing home or other institute to country Westcheste	TION, GIVE RESIDENCE BEFORE 131, CITY OR TO Value	illa 13	YES NO 🗆	STREET ADDRESS	Pam	2/2	595/
2232	JA. FA	THER'S NAME Robert	MIDDLE	Kaudere	r	MOTHER'S MAIDEN NA	MIDDLE	Muel	lueisen	
H FORM	16a V	AS DECEASED EVER I	N U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)	195–28		Marie Kaude		4 ^{Pramela}		595
BE EXECUTED WITHIN YOUNG THE SEASON OF READINGS AS BURIST - TRANSIT ATH AND MENTAL HYS REMAINON, OR REMO	NOI	Conditions, if a gove rise to couse (a) stoting lying cause last. PART 2 OTHER SIGNIFICANT	ny, which immediate the under- DUE	TO, OR AS A CONSEO	uence of	CONDITION GIVEN IN PART 1 (a)				,
SHOULD VORD "FE VORD "FE SE USE VI OF HE BURIAL	CERTIFICATION		one	CONDITION FOR WHIC					20 AUTOPSY?	Note
CERTIFICATE WITING THE WITING THE WITING THE WITING THE WITING TO THE E 3 SHOULD E DEPARTMEN	MEDICAL CE	216 EXTERNAL CAUS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURR WHILE NOT	AUSE OF DEATH ED 21e F WHILE STR	P.M. PLACE OF INJURY (AT A.M. MONTH DAY P.M. PLACE OF INJURY (AT A.C.)	Y YEAR		TER NATURE OF INJURY		INTY	STATE
MEDICAL EXAMINER: THIS CUTE THE CERTIFICATE, WR E. 4 SHOULD BE FORWAR FUNERAL DIRECTOR: PAGE ER DEATH, WITH THE STATE TIMORE, MARYLAND, 2122	1	AT WORK AT WE	taok charge of the remo	a -	Suicide ,	TITLE (SPECIFY)	determined manne	DAT8	Jug ? 15	7 <i>6</i> 3
PAGE OF TO FULL PAGE OF TO FUL	(5	urial, cremation, re Burial	MOVAL 236 DATE Aug. 12		E OF CEMETERY OR C	REMATORY 23d		, Westche	ster, N	ATE Y.
DHMH - 17 (VR A15 ME (5))	24. FL	NAMOLIN L.	Molesworth,	ADDPSS A., Dan	mascus, Md.	AUG U	O 21 16 14	Sh REGISTRAR'S S Julia Davids	GNATURE Andal	2.

DHMH (VR A15 ME (5)) 20M 4/82

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCERNE

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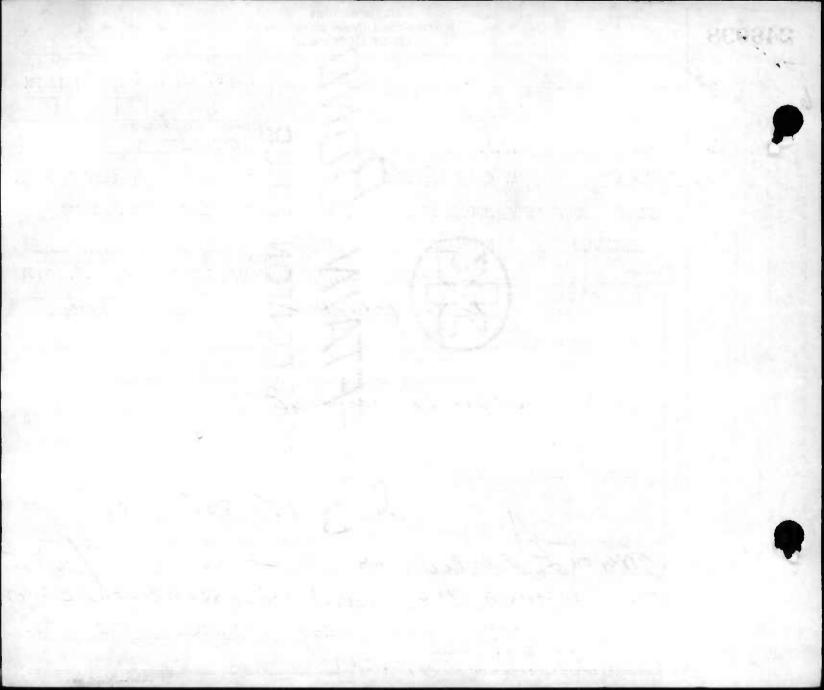
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- STATE REGISTRAR				CERTI	FICATE OF DEATH	R	EG. NO		1
DECEASED NAM	FIR51		WIDDLE		LAST	20 DATE OF DEA	ITH MONTH	DAY YEAR	26 HOUR
	RODGE	R	R.		KAUFFMAN	AUGUST	25,	1985	1:10 1
3 SEX		4 RACE			OF BIRTH	6 AGE IN YEARS	AST BIRTHDAY)	MONTHS DA	AR IF UNDER 24 HR
MALE		CAUCA	SIAN	OC.		86		RS.	NOURS MIR
To. BIRTHPLACE (S	ATE OR FOREIGN	76. CITIZEN O	F WHAT COUN	VIRY? 8	D NEVER MARRIED	9 BALTIMORE		INTY OF DEATH	
KANSAS		U.S.	A	WIDOW		MONTO	OMERY		٨
10 CITY OR TOWN	OF DEATH				OR OTHER INSTITUTION	120 USUAL OCC	UPATION		OF BUSINESS C
SILVER S				HOSPITAL		LAWYER			PT OF AC
USUAL RESIDENCE	13h COU	NTY	13t. CITY OR	RIOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDI	RESS / ZIP (CODE	2222
MARYLAND	MONTG	OMERY	SILVER	SPRING	YESXX NO	3570 CH7	SWICK	COURT	20906
14 FATHER'S NAME		MIDOLE	LAS		15 MOTHER'S MAIDEN N		DLE		LAST
	JAMIN		KAUFFMA		GRACE			LONG	
160 WAS DECEASE		RMED FORCES?	1000	SECURITY NO.	17 INFORMANT DAU		-	O HUDSON	
NO			225-	50-9642	SHIRLEY K	AUFFMAN, CI	IFFSI	DE PARK,	N.J. 071
18 CAUSE O	DEATH Enter of	nly one couse p	per line for (o), I	b), and (c)				APPR	OXIMATE INTERVAL EN ONSET AND DEAT
PART I. DE	ATH WAS CAUSE	ED BY: TE CAUSE (a)_	(Lin	12 1	neumoun			3	ahs.
CERTIFICATION OF THE PART OF T	ube a	erelri	Vasue	els o	NOT RELATED TO THE TER COLORD N WAS PERFORMED		206.1	FYES, WERE FIN	DINGS USED
TIFIC						YES NO		YES	NO [
150 C CALCESON 151	WAS SPRINGERS THIS CALLE		OF INJURY A.M. MONTH	H DAY YEAR	SIF HOM INJURY OCCU	JRRED	or includes the UE	H TO TABLE CREAKED	9
THE INJURY O	BY WEST ALTERNATION		P.M. E OF INJURY	19	JII LOCATION				
W seed D			THEET FACTORS O	IFFICE FARM, ETC.)	VIII FOCKTION	1 1	DETONI	county	STATE
-	AT WORK L	1	/	2/	2	1 9/2	5	21	70.00 to 1110.00 to
	that (1) (this hosp	~ VII	deceosed f	887	000	10	HE STATE	10.00	that (II (we) to
obove, (f	deceased alive or (we) (did) did no	it have the box	dy ofter feath.	T.M. Jan. C		in death accumed on	me date one	-	
77h SIGNATU	1 1 000	DIX	1		DEGREE ATTENDING	/ MEDIENT	STAFF	271. DA	8 GED A
1/1/4	hon a	10	enny	u i	PHYSICIAN	G OTHECTOR D	HYSICIAN [1 '	126/2
22d PHYSICIA	N'S NAME	DR PRINTS			73e. ADDRESS	<i>C</i> 1		1	1
MYRO	n L. L	enki	ñ M	7.2	2309 Shore	treup R	0- W	herston	Md 3
230 BURIAL, CREMA				1 22. NIAME OF	EMETERY OR CREMATOR				
(SPECIFY)	TION, REMOVAL	L 23b. DATE		SOC INAME OF	TEMPLIENT ON CHEMMION	1 234. LOCATIO	V		
			185			CITY OR TO	WN	MÖMT	STAU
BUR	TAL	8/27		PARKLAU	UN CEMETERY	ROCKV	ĬLLE	MONT GISTRAR'S SIGN	
BUR 24 FUNERAL DIRECT	TAL	8/27 NCIS J.	COLLIN	PARKLAU	UN CEMETERY	CITY OR TO	ĬLLE		

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 retained by the hospital or attending physician. TO HOSPITAL OR BP

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and cor should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 60M 7/84 (VRA 15, 4)



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	OR ATTENDING PHYSICIAN. The low requires that the denth certificate be executed	e hospital or attending physiciar

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CEKIII	ICAIE OF DEATH	REG. NO.		
		CEASED NAME FIRS	Farideh	DOLL	eibni	August 6, 1	985	1:39P _M
)	3. SEX	Female	4 RACE White		DF BIRTH 13, 1900 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 85 YRS	MONTHS DAYS	HOURS MIN.
7	F	RTHPLACE (STATE OR FOREIGN	Palist	ine widowi			Y OF DEATH	MD
9	A Marine	or town of Death	Montg	OSPITAL, NURSING HOME OF ACILITY, GIVE STREET ADDRESS) OMERY Gener		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Housewife		e BUSINESS OR
2	13a S M	laryland Me		Silver Spring	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD 6 Homecrest C	t. 20906	3
7	14 FA	Michael	MIDDLE	Ta₩asha	Zarifa		Badran	ī
1	160 V	VAS DECEASED EVER IN U. (ES NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES. GIVE WAR OR DATES)	214 76 6824	17 INFORMANT Qustandi Kail	bni same as 13e		MATE INTERVAL DNSET AND DEATH
	NO	Conditions, if ony, white gove rise to immedia couse 101, stating the underlying couse last	DUE TO, OR (c) M	AS A CONSEQUENCE OF	INFARCTION	E PARYTHMI E PARYTHMI MINAL DISEASE OR CONDITION GI LOW JUPLE	A.	3
1	CERTIFICATION	190 DATE OF OPERATION 8 - 3 - 8. 210. ACCIDENT WAS UNDERLYIN	5 THY	ION FOR WHICH OPERATION	9	IN CERTI	S, WERE FINDIN	
7	MEDICAL CI	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX/ 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this saw the deceased of obey, (I) (we) (duty) (control of the control of th	OF DEATH AMINER) P. N 21e PLACE O (AT HOME STREI haspital) ottended the	MONTH DAY YEAR 1. 19 FINJURY E1 FACTORY, OFFICE, FARM, ETC.) deceosed from	211 LOCATION STREET 2 - 5 - 19 Ind that in (my) (our) opinion	city or town death occurred on the date and ho	COUNTY , 19, 19, 10, 10, 10, 10	
-		22d. PHYSICIAN'S NAME (DIAZ	MD.	18/11 PRIN	MEDICAL STAFF DIRECTOR PHYSICIAN	OLNRY	17/85 176.
	23a B	urial, cremation, remo Burial	236 DATE 8/10/8		Heaven Cemet	tery Silver Spr	ring, Mar	ryland

DHMH - 16 60M 7/84

²⁴ FUNERAL DIRECTOR Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852 (VRA 15, 4)

Silver Spring, Maryland

THE TAX SENT SENT SIZE OF THE PARTY. what Thomas is it is the

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

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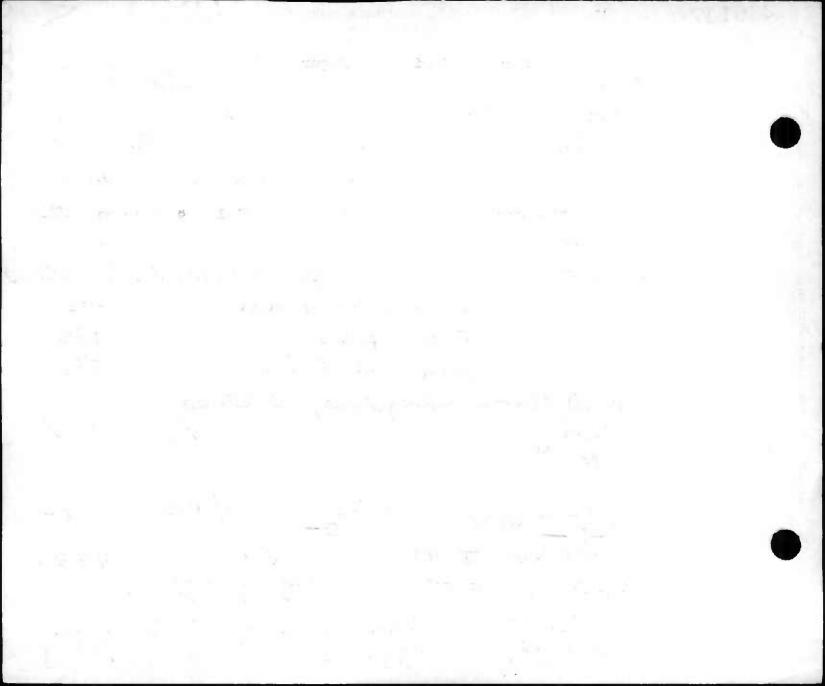
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.			
a DATE OF DEATH	B-	DAY 14-	95	26. HOUR 105

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	KEOISTKAK					REG. NO.		
	EASED NAME FIRST	Esther MIDDLE	Cheri /	AST Kemp	er	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
TYPE	CH PRIMITY		Kc	nAn		B.	-14-95	103
5-	STHER CHEA	/	1)01.	ITEK		U	11-00	1
3 567	1	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	
	Lenn/c	1.11 -	monii 3	DAY	YEAR	0/-	MONTHS DAY	S HOURS MI
	TETTIME	WMILE		14	99		/RS	
7a. BIF	RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	- D MEVER M	ADDIED []	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
08	CUNTERLY LAKE PA	1101		D NEVER M			MANIGAN	DEDII
TAI	lack Pila I H	asA	WIDOWI		ORCED [TERY
10 51	TY OR TOWN OF DEATH		AL, NURSING HOME	OR OTHER INSTI	TUTION	12a USUAL OCCUPATION	126 KIND	OF BUSINESS
R	allog-la	(IF NOT IN SUCH FACILE	TY GIVE STREET ADDRESS)	1. 1	-	THRE OF WORK FOR MOST OF WORK		hair O
6	THOUR	DOTALSON!	18H11110HK	LENIE	R.	PARetiEAL NO	1120 17	057
USUA 13a. S	AL RESIDENCE (IF NURSING HOME O		SIDENCE BEFORE ADMISSION)				2000	
130. 5	1111		ITY OF TOWN	134 INSIDE CIT		13e.ST T ADDRESS / ZIP	CODE	0-
/	Mont	gomery Be	thesda		NO	5721 Groeve	nor Lane	2083
14. FA	THER'S NAME	• 1		15. MÖTHER'S				
	De ARST	MIDDLE	LAST	, m	IRST	WIDDLE	· · · · · · · · · · · · · · · · · · ·	AST
(SEUKYE UNING	150		F /	TITHE	ł	CIK	EY
	VAS DECEASED EVER IN U.S. AF		OCIAL SECURITY NO.	17. INFORMAN	AT.	ADDRESS	,	1
(Y	(ES, NO OR UNKNOWN)	VE WAR OR DATES)	2 11- 2112	mno	11. 1	TOT SIANI	11/20-1.	11.00
un	UNAU (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	V78	-26-3/13	MIL	YEIF	OR1 21000		TVES
	18 CAUSE OF DEATH (Enter o	nly one couse per line fa	r (a), (b), and (c).)	,			APPRO BETWEE	NONSET AND DEA
	PART I. DEATH WAS CAUSI	ED BY:	- /	100	and ear	and.	1	100
	IMMEDIA	TE CAUSE (a)	vasure and	more	LINE	OVP .		10-1
		DUE TO OP AS A	CONSEQUENCE OF		V			1
	Candidan M	(nzen	DOLVIL			1 7	185
	Conditions, if any, which gave rise to immediate	(b)	10 CC	P = 1 + - 3				100
	cause (a), stating the	DUE TO OR AS A	CONSEQUENCE	A -	- 1		1.2	10-
	underlying cause last	1	Derry Por	al F	arlens	2		18.5
		(c)	***************************************					+
_	PART 2 OTHER SIGNIFICANT	CONTRIB	BUTING TO DEATH BUT	NOT RELATED			N GIVEN IN PART	lio
CERTIFICATION	A((VI)	merous.	Kelney	steries	. 19.	llationes		
E	19g DATE OF OPERATION	196 CONDITION	FOR WHICH OPEN TIC	N WAS PERFOR			IF YES, WERE FIND	INGS LISED /
O.	0(1	178 CONDITION	OK WITHER OF ENAME	TO TO ASTERIOR	.,,,,,		ERTIFYING CAUSE	
TIF	Work					YES NOTO	YES 🗌	NO
E .	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJU	IRY	121c HOW IN	URY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	EM IS PART I OR PART 2	
10	OR CONTRIBUTING AUSE OF DE		NONTH DAY YEAR			,		
4	(IF EITHER, NOTIFY MEDICAL EXAMINE		19					
8	21d. INJURY OCCURRED	21e PLACE OF INJ		211 LOCATIO	N			
MEDICAL			TORY, OFFICE, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
-	WHILE NOT WHILE AT WORK			1/00		plular		
		neterided the dece	ased from	1187	10	" 8114183	10	that (I) we
	22a I certify that (1) (this hosp		10				11 11 11	
	saw the deceased alive or above (1)	or) view the body after o	leath 19, a	na that in my	apinian a	leath accurred on the date an	a nour and from fi	ne couses stated
	22b. SIGNATURE			DEGREE		1	22c. DA	IE SIGNED
	MRD	Town m	$\sim m_0$	A1	TENDING .	MEDICAL STAFF	0/	111/00
	2010	voor en		P	HYSICIAN Z	DIRECTOR PHYSICIAN	3 0	TIO
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	9211/	Box - Oh DI		
	620 to	TOUR TOT	MO		ا محد	pactorial ma,	1000	
	OBFAI	1011			Silver	soring, Ma	20910	
23n D	SURIAL, CREMATION, REMOVAL	L 23b DATE/	230 NAME OF O	EMETERY OR C	REMATORY	234 LOCATION		
234. D	SPECIFT)	0/1-/2	100	171	10	CITY OR TOWN	17 COUNTY	1 Min
	(ROMMTION	18/19/8	5 600	HRHILL	(RINA	MORY SUI	LANDE	Valor V
24. FL	JNERAL DIRECTOR /	March a colo	5021'0		25e DATE	RECID BY RESTSTRAR 256 R	EGISTRANG MENT	KTÜRE
	NAME JOSOPH	COHWIORS	ADDRESS	0	AUG	1 9 1900 7	Andrew Colomb	
	and a man a second second	0 mo12 4	ASH.DC	20016	7	U		
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FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND	MENTAL HYG		2 3 5. NO	0 5	t mil	
I DECEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEAT	H MONTH	DAY YEAR	25 HOU	IR
(TIPE ORPRINT)	LEV			KHON	UTETSK	Y	A	UGUST	17, 198	5 12:	30 MP
3. SEX		4. RACE		S. DATE (YEAR	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS		24 HRS
MALE		WH	ITE	AUGUS		1927	58	YRS		HOURS	MIN.
70 BIRTHPLACE (STATE OF RUSSIA	FOREIGN	PRESTOE	NTATALTEN?	MARRIE WIDOWI		MARRIED	9 BALTIMORE CIT	ERY CO	IINTY		MD.
BETHESDA	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN THE CLINI	ADDRESS)	OR OTHER INS	TITUTION	120 USUAL OCCU- (1VMA INTEN	ANCERING D	126 KIND (INDUSTRY	OTELS	SS OR
USUAL RESIDENCE (IF NUR 130. STATE MARYLAND 14 FATHER'S NAME	13b COU		GIVE RESIDENCE BEFORE	N	15 MOTHER	NO S MAIDEN NA	130 STREET ADDRE	SS / ZIP CO	E ROAD,		
SHEFTEL		MIDDLE	KHOMUTET	SKY	SUR	A IRST	MIDD	LE	Lt	EIBOV	NA
160 WAS DECEASED EVER (VES NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECU 216-92-5		MRS.		OMUTETSKY		40 GRANI VER SPR		ROA1
18 CAUSE OF DEA PART I. DEATH V	WAS CAUSE	nly one couse per ED BY: TE CAUSE (o)	Respirat		arrest				APPRO BETWEEN	XIMATE INTER	DEATH
Conditions, if on		DUE TO, O					ndice - pr	obably	mon	ths	
gove rise to im	ing the	DUE TO, O	secondary	NCE OF	tumor 1	nvolven	ient				
underlying cous	e lost	(c)_	Pancreati	c car	ccinoma			M-	16	mo.	
PART 2 OTHER SIG	SNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO [DEATH BUT	NOT RELATE	O TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART 1	10	
V 19a DATE OF OPERA	NOITA	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20e AUTOPSY?	IN CER	YES, WERE FIND TIFYING CAUSE YES 6	S OF DEAT	TH?

90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
			YES X NO	YES 😿	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET, FACTORY OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE

DEGREE

MEDICAL STAFF DIRECTOR PHYSICIAN

220 DATE SIGNED

. WIEBKE

NATIONAL INSTITUTES OF HEALTH, 9000 BETHESDA, MARYLAND 20205

23b. BATE 9/1985

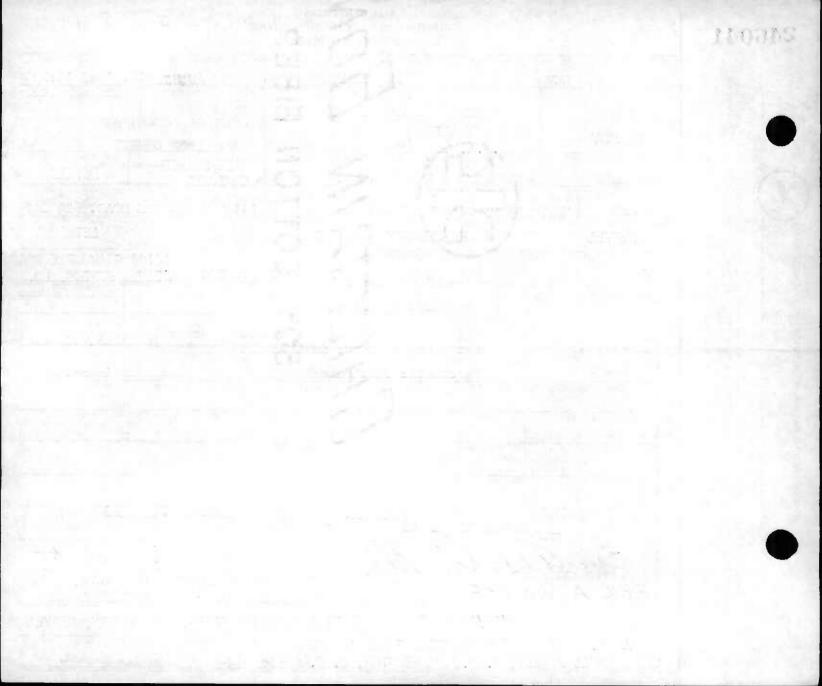
1234 LOCATION SOLNEY, MONTGOMERY, MARYLAND 134 NAME OF CEMETERY OF CREMATORY 1234 JUDEAN MEMORIAL GARDENS

24 FOUNALDEMP STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET. N. W. WASHINGTON. D.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYI

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use with the State Dept. of Hea MPORTANT: If Item 21



- STATE REGISTRAR DECEASED NAME

FEMALE

SEX

PAULINE

24 FUNERAL DIRECTOR FRANCIS J. COLLINS

4 RACE

CAUCASTAN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE CERTIFICATE OF DEATH

APRIL 15, 1910

KIMBLE

5 DATE OF BIRTH

619	. 22			
6	3	3	3	
927489				

20 DATE OF DEATH

AUGUST 8, 1985

6 AGE (IN YEARS LAST BIRTHDAY)

IYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fig. 4 may be		is certificate has been signed by the attending physician and complete the time time funeral director, page 3	buriol-transit permit. Then please remove carbanpapers: Pages and than the table 184 1841 72 hours after death	
24 hours	(Hilled in	- Comme	1
within	'	-	di th	-
executed		dwa puo	oges on	/
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DIVISION OF VITAL RECORDS,

Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN MARRIED X NEVER MARRIED TENNESSEE U.S.A. MONTGOMERY DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION HOMEMAKER SILVER SPRING 905 ORANGE DRIVE MARYLAND 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EMMIT HEWGLEY JESSIE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 217-36-5716 EDWARD T. KIMBLE, JR. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), PART I. DEATH WAS CAUSED BY CHOLANCIO CARCINOMA Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse CERTIFICATION 20a AUTOPSY? 9n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IE FITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION TIE PLACE OF INJURY CITY OF TOWN AT HOME STREET FACTORY, OFFICE FARM, ETC) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 8/14/84 sow the deceased alive on 7/30/85 above, (1) (we) (did) (did not) view the body after death 22b SIGNATURE DEGREE ild be detach the State De ATTENDING MEDICAL PHYSICIAN DIRECTOR ORTANT ARON PRIMACK 23c. NAME OF CEMETERY OR CREMATORY 239, BURIAL CREMATION, REMOVAL BURIAL 8/16/85 FLORENCE CITY CEMETERY

MIDDLE

HEWGLEY

REG. NO

2h HOUR

12b. KIND OF BUSINESS OR

WILLIAMS

20901

5:10 RM

SAME AS 13 mmed NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN 5454 WISCONSIN AVEN. CHEVY CHASE, MD. FLORENCE LAUDERDALE 500 UNIV. BLVD. W. SILVER SPRING. MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 50M 1/B! (VRA 15, 4)

DEPARTMENT OF

STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR			ICAIL OI DEATH	REG. N	O.		
-		ASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR 2b	HOUR
		Louise	Lowndes	King			8-1	5-85 6	:35 pm
	3. SEX		4 RACE	MONT	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BE	RTHDAY)	FUNDER I YEAR IF	UNDER /4 HRS
		emale	Caucasian	Dec	.11, Unknown	Availab.		JAN JAN JAN	JOKS MIN
1	7a BIRT	HPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? B MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
		cnown	Unknown	WIDOW	ED DIVORCED	Montgomer		unty	MD.
1		OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)		120 USUAL OCCUPAT	IÓN OF WORKING LIFE)	126 KIND OF BU	USINESSOR
4		ockville	Shady Grove Ad		t Hospital	Homemaker		Own Hon	ne
1	13a ST	ATE 136 COUP	OTHER INSTITUTION GIVE RESIDENCE BEF VTY 136. CITY OR TO Vashingt	WN	136 INSIDE CITY LIMITS? YES 1 NO	13e STREET ADDRESS 14 Kenyon	St. N	.W. D.C.	799
1	14 FATI	HER'S NAME FIRST Not Avai	lable LAST		15 MOTHER'S MAIDEN NA/	Not Availab		LAST	
2	16a. WA	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	SS WOOD	Lane	
4		NO (IF YES, GIV	577–56–	1378	Thomas D. M	furphy Ro	ckvil	Lane le, MD	20850
	1		oly one couse per line for iai, (b), (b) BY: TE CAUSE (a) Cardiac	Arres	t			APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost	Due to, or as a consec (c) Arterio:	UENCE OF	hmia tic Cardiovasc	ular Disea	se		
	NOI	Part 2 OTHER SIGNIFICANT OF Diabetes Melli	conditions <u>contributing to</u> itis, Sever Mali	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART I a	
2	CERTIFICATION	0. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO[X	20b IF YES, IN CERTIFY YES	WERE FINDINGS ING CAUSES OF	USED DEATH?
7	CAL CE	DR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RI ORPART 2)	
	WE	MHILE NOT WHILE TWORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.)	214 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		220.1 certify that (1) (this haspital) attended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10							
		26 SIGNATURE MY Can	uni M.D.		ATTENDING PHYSICIAN	MEDICAL STA		220 DATE SIG	85
		26 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS				
		Wilhelmina G.			4912 Adrian	Street. Roc	kville	Marylan	ıd
	BU BU	rial, cremation, removal remation	2149 8		emetery or crematory politan Cren	23d LOCATION	E)	, Virgi	STATE
	24. FUN	FERAL DIRECTOR Rober	t A. Pumphrey			REC'D BY REGISTRAR	25b. REGISTR.	AR'S SIGNATURE	
	Hon	es. P.A. Ro	ckville, Mary	land	20850 AUG	20 1985	The Mark	Short - Brythe	EL.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages Hand 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

ie notified of once.

252075

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 - STA		DEPA	RTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		0 5 /
	SED NAME FIRST	MIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
{TYPE OR PR	JOH!	N	KITT	8 - 30	-85 33
3 SEX	. ^	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	\mathcal{M}	B	8-10-1	19 66 YRS	MONTHS DATS HOURS A
7a BIRTHP		76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARR	1116-31	TY OF DEATH
In CITY O	OR TOWN OF BEATH	USA	WIDOWED DIVORCES		134 KIND OF BUSINESS
Tan	OMA PARK	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADD ESS)	(1YPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS INDUSTRY 5cheo/Sve
USUAL RE 13a. STATE	SIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION GIVE RESIDENCE BE INTY 136. CITY OR T	FORE ADMISSION)	MITS? 13e STREET ADDRESS / ZIP COI	20091
14 FATHER	R'S NAME	ANIDOJE JAST	15 MOTHER'S MAI		
I	CARL	MIDDIE Kitt	DNN P	Lue William	IAST
	DECEASED EVER IN U.S. A		ECURITY NO 17. INFORMANT	ADDRESS	
(YES, NO	O OR UNKNOWN) (IF YES, G	(VE WAR OR DATES) 249-2	6-2558 Arllis	M: Kitt 6731 1	S. HAMP, AVE
18. 0	CAUSE OF DEATH (Enter o	only ane couse per line far (a), (b)	, and (cv.)		BETWEEN ONSET AND DE
	PART I. DEATH WAS CAUS	ATE CAUSE (a) Cando	nu mon ary Fei	ure	15 day
		DUE TO, OR AS A CONSE	QUENCE OF		0
Co	inditions, if any, which		hopnehmania		
	use rise to immediate use (a), stating the	DUE TO, OR AS A CONSE	-1		
	derlying cause last	TSCLAW	nic hogest dise	arruthmia	
PAR	RT 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
NO I	Mamira in	Leaction of	Rvain		
CERTIFICATION 130	DATE OF OPERATION		ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
Ē					TIFYING CAUSES OF DEATH?
210	ACCIDENT WAS UNDERLYING			OCCURRED (ENTER NATURE OF INJURY IN ITEM TE	PART I OR PART 2)
0.0	CONTRIBUTING CAUSE OF DE				
	FEITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
	HILE NOT WHILE	(AT HOME STREET FACTORY OFF	ICE FARM ETC) STREET	CITY OR TOWN	COUNTY STAT
	VORK AT WORK	oital) ottended the deceased fro	m Avaust 15 19	86 August 30	10.85
1 122	saw the deceased alive a	August 30		opinion death occurred on the date and he	aur and from the couses state
226	above, (1) (we) (did) (did n	at) view the body after death.	DEGREE		22c, DATE SIGNED
			ATTEN	IDING MEDICAL STAFF	8/30/85
1 22	PHYSICIAN'S NAME (TYPE	LAN ISU	M. D PHYS	ICIAN DIRECTOR PHYSICIAN	1
1776			THE ADDRESS (105 Baltimore Bou	Jevand
(HIN-CHU		Collag		740
230. BURIA	AL, CREMATION, REMOVA	23b. DATE Q_ 4-1985	Shady GROVE	ATORY 23d. LOCATION CITY OF TOWN	COUNTY
24 FUNER	RALDIRECTOR	1-1100	SINO GAUVE	250 DATE REC'D. BY REGIST PAR 250. REGI	STRARS SIEWATOR
	NAME	ADDRE		SEP 5 1985 U'	
1/1/2	House of	- Williams 38	21-14-24 N.M	261	

DHMH - 16 50M 4/83 (VRA 15, 4)



228045 STATE REGIST the furneral director dividen 72 hours ofte DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate In-

OR ATTENDING

TO HOSPITAL OR ATTEN

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE CERTIFICATE OF DEATH

3 3 5

	REGISTRAR				4011.			REG. NO			
	CEASED NAME	FIRST	N	HOOLE		PA D	a	20. DATE OF DEATH	AONIH DA	100	26 HOUR
		PETER	Α.		12	13611	1	an	9 11	83	9:30
3 SE)	MALO		1. RACE	·to	5. DATE C		YEAR	6 AGE (IN YEARS LEST MATE		ONTHS DAYS	HOURS MIN.
	mile		MM	VV		NE 17,	1891	94	YRS		
	RTHPLACE STATE O	R FOREIGN	Th CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY OR		OF DEATH	
	ESTONTA		ESTON		WIDOWE		NORCED [MONTGO			M
10 CI	ITY OR TOWN OF DI	EATH	LIE NOT IN SUCE	OSPITAL, NURS	ET ADDRESS)			170 USUAL OCCUPATION TEACHER	WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS O
_	ROCKVILLE AL RESIDENCE (IF NO	20115 110115 02		NGSWOOD		G CENT	ER	TEACHER		ONTAI	ERSITI
13a S	STATE	136 COUN	TY	13c CITY OR TO	WN		CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	200	0050
-	ARYLAND ATHER'S NAME	MONTO	OMERY	ROCKVI	الالالا	YES A OTHER	'S MAIDEN NA	90 MONROE	STREE	5T 2C	0850
17. 12	ADO	A	AIDDLE	KITZBE	DC		I ŠA	WIDDLE		MUSO	1
16n \/	VAS DECEASED EVE	PINIIS APA	AED EODOES2	16b SOCIAL SEC		17 INFORM		ADDRES	S	MUSU	
	YES, NO OR UNKNOWN)		WAR OR DATES)								mmr /a
-				063-26-		ותידדית	LA UNADE	TZBERG, WIF	L. SAM	E AS 1	TEM #L
	18 CAUSE OF DEA	WAS CAUSE	8Y	one for (o), (b)	111	M	NO)	1	n Ass		10
		IMMEDIAT	CAUSE (o)	NO	00	, O V	-		4	7	- C
			DUE TO.	AS ACONSO	HENCE OF	m	me 1	1seb		4	in
	Conditions, if an	nmediate	(b)	NO	1	1	11 1			1	
-	underlying caus		DUE TO,	AS A PONCEO	UENICE OF	Int	2 h/	Int Dis	111	19	ers
	DARTO CIUENCIA		CHANGE CO	7 00.0	000 (0)	712	0/1	, , , , , ,		1	
N	PART 2 OTHER SIG	SNIFICANIC	ONDITIONS	UM	10	- PA	D TO THE TERM	HNAL DISEASE OR COND	IIION GIVE	N IN MARI IIC	
CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		WERE FINDIN	
IIFIC								YES NO	IN CERTIFY!	ING CAUSES	OF DEATH?
CERT	21g. ACCIDENT WAS U	NDERLYING	216. TIME OF			21c HOW I	NJURY OCCUR	RED (ENTER NATURE OF INJURY		T : OR PART 2)	
	OR CONTRIBUTING		HOUR A.A	M. MONTH	DAY YEAR						
MEDICAL	21d INJURY OCCU		21e PLACE C	OF INJURY		211 LOCAT	ON			7.00	
W	WHILE NOT NOT AT W	WHILE	(AT HOME STRE	EET FACTORY OFFICE	FARM, ETC	1		CITY OR TOW	1 -	/	STATE
	22a. I certify that (al) attended	decembed from	- 4	169	. 19	3 to 2	al	0	that Ill (ver) la
	saw the decea	sed alive an	wew Soldy	5/25	1/0	nd that in (my) (our) apinian	death occurred on the dat	e and hour t		
	72h SIGNATURE	Coron (Old Tie)	A Delly	1	- 0	DEGREE				22c DATE	SYGNED /
0	1/11	11	MA	X	nax		PHYSICIAN	MEDICAL STAFF		101	11/8
	23 PHY CIAN'S N	AME (TYPE OF	PRINT)		1	Ne ADDRE	A STATE OF THE PARTY OF THE PAR	DIRECTOR THISICI	1	1 4/	,,,,
	Thos	6.1	NARI	61	16 18	elen	end	- Mithles	A	200	107
23a B	BURIAL, CREMATION	, REMOVAL	23b. DATE	231	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION		709	1
	CREMA		8/11/		METROP		CREMATO	CITY OR TOWN	DRTA.	VIRGIN	TA STATE
24 FL	UNERAL DIRECTOR		HARD RA			#4141		E REC'D. BY REGISTRAR 2			
1	804 T			ASHINIO		210	not 1	AUG 1 3 1985	June	wavidson.	-Nanaga
	0-1 / "	2/6)/	vivo, W	MARTINIO	2100	11/1	~		-//		

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

(VRA 15, 4)

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injury, or other troumotic

IMPORTANT: If them 21 is morked or them 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENP

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	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL WYG	IENP Z				
				MIDDLE	l.	AST	20. DATE OF DEATH	DAY YEAR	26 HOUR		
	Alexander				Kle	in	August 1,	1985		2:10a. _M	
1	3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATE	IF UNDER 24 HRS	
male 7a, BIRTHPLACE (STATE OR FOREIGN New York		male	White	е	MONTH	4 1969	76	YRS.		HOURS MIN.	
		RTHPLACE (STATE OR FOREIGN OUNTRY) OUNTRY) OUNTRY)	76. CITIZEN OF United	States	MARRIED NEVER MARRIED WIDOWED NOVECED		9 BALTIMORE CITY OF Montgome	MD.			
1		ockville		HOSPITAL, NURSIN CHEACILITY, GIVE STREET, HOME OF		er Wash.	12a USUAL OCCUPATION OF WORK FOR MOST CARE	F WORKING L	IFE) INDUSTRY	th KIND OF BUSINESS OR NDUSTRY Insurance	
>	13a. S Mo		ROTHERINSTITUTION NTY	13c. CITY OR TOWN Silver S	N		13e. STREET ADDRESS 13104 Coll	ingwo	od Terri	ace.	
1	14. FA	THER'S NAME FREST Samuel	WIDDLE	Klein		Bertha	WE	(Unknow	n)	
,		AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	SiPV	er Sp	ring, M	d.20906	
		NO (IF YES, G	VE WAR OR DATES)	082-09-	9440	William Kapla					
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe	r line for Jo), (b), and	dycld	1. 1			APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH	
			ED BY: TE CAUSE (0)	Multip	Itiple Myeloura				8 Y/S.		
			DUE TO, C	R AS ARONSEQUE	NCE OF	0			0		
		Conditions, if ony, which	((b)_	Puevu					Leve	Lever of was	
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	R AS A CONSEQUE	INCE OF						
	N	PART 2 OTHER SIGNIFICANT	CONDITIONS	Di.	DEATH BUT	1 //-1.2	61 -	DITION GI	VEN IN PART 110),	
1	CERTIFICATION	190 DATE OF OPERATION	DITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	S, WERE FINDIN				
	RTIF					YES NO	ES 🗌	NO 🗌			
		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	AIH	DE INJURY ,M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART (OR PART 2)		
	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE [AT HOME, ST	OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET CITY OR TOWN			COUNTY STATE		
		27a.1 certify that (1) (this hosp sow the deceased alive a above, (1) (we) (did) (did n	7/31/8	19_	3/2	nd that in (my) (our) opinion of	to 8/1	ote and ho		that (1) (we) lost couses stated	
		27b. SIGNATURE	Ach	luida,	us	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					
		Marvin Schne		l.D.		12001 Ferrar	a Ave. Whea	ton,	Md. 209	06	
	I	urial, cremation, remova specify Burial	8/1/8	5 Ki	ng Da	emetery or crematory vid Mem. Gard	23d LOCATION CITY OF TOWN En Falls Ch	urch;	Fairfa	x; Va.	
		NERAL DIRECTOR DANZAN 70 Rockville Pi				CHAPELS	E REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE	
		o recent to be	re; roc	KATTTE, M	U. 20	034	0 1000	1000	The second section of the second seco	- N	

DHMH - 16 50M 4/B2 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AYGIENE

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55.40	~	40		-

	1 -	STATE REGISTRAR			CERTIFICATE OF DEATH REG. NO.								
1		CEASED NAME	FIRST	N	IDDLE	, 1	AST	,	20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOL	UR C
1				3.	KOZ	Lost	ec 1		8	1585	15'	AM	
1	1: SEX			RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DATS	IF UNDER	R 24 HRS
		emale		Cau	casian	JAN		1921	64	YR			Attiva.
1		PLACE (STATE OR F	OREIGN 7	b CITIZEN OF	VHAT COUNTRY?	8 MARRIE	D NEVER A	ARRIED -	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH		
		Brazil.		U.S.	4.	WIDOWE		ORCED	MONTGON	ERY			MD.
	10 CF	TY OR TOWN OF DEA	TH 1		OSPITAL, NURSIN		R OTHER INST	TUTION X	128 USUAL OCCUP		126 KIND C		
/		Kensington			aton Garo		1. H.		Translat		pegera		rppun
0	USUA	AL RESIDENCE IF HURS		THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d INSIDE CI	TY LIMITS?	13e STREET ADDRE	SS / 7IP CO	Agent	Cy A	pt.#3
2		ruland		gomeru	Silver S				14108 Wee			r.	20906
75		THER'S NAME		NDDLE	LAST		15. MOTHER'S	MAIDEN NAM	AE MIDDI	F	LA	ST	
7		Luis		NO CE	Guimarae	28		TIKS I	Unknown		•		
П		VAS DECEASED EVER			16b SOCIAL SECU	RITY NO.	17. INFORMAL			DRESS			
9	11	(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		WAR OR DATES)	267-78-3	3591	Lewis	Kozlos	ky Same	as 1.	3		
		18 CAUSE OF DEATH (Enter only one cause per line tail at 16), and ic							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		PART I. DEATH W		CAUSE (a)	CARC	TIMO	MATO	2515					
				DUE TO PE	AS A CONSEQUE	NCF OF	3				1764		
		Conditions, if any,	which	((b) 8	Breary	7	AMC 8	ER		K. III			
		gove rise to imm couse (a), statin	nediote	DUE TO OF	AS A CONSEQUE	NCE OF							
		underlying cause		(()	AS A CONSCOSI	.1402 01		1.3					
		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	NTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR C	ONDITION	GIVEN IN PART I	a	
	NO	13 -12											
1	CERTIFICATION	190 DATE OF OPERAT	NON	196 CONDI	TION FOR WHICH	ON FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT				
	THE								YES NO YES NO				
1	S	210. ACCIDENT WAS UND	hand	216. TIME O	FINJURY M. MONTH DA	Y YEAR	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I						
	CAL	OR CONTRIBUTING C		n e		19							
	MEDICAL	21d INJURY OCCURE	RED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, F	ABAN ETC)	211. LOCATIO	N	CITY	RIOWN	COUNTY	2.0	STATE
	2	WHILE NOT WH	RK	(ATTIONIE STA	EET, PACTORY, OFFICE, P	ARM, CIC)	M. EIC)						
		220-1 certify that (1) (this hospital attended the deceased from									(we) lost		
		saw the decease abave, (I) (we) (a	ed alive ar	view the lady	ofter death	60.0	nd that in (my)	(aur) opinian d	leath accurred an th	e date and	haur and from the	kauses s	jated
	-	THE WHATURE	TO TOTAL	0	arrei gearin		DEGREE		/		12 04	SKENTO	0 -
1	1	100	1 2 9	Whi	3		A	TTENDING PHYSICIAN	DIRECTOR PH	STAFF YSICIAN []	01/	1/3	11
1	0	TH PHYSICIAN A	ME (TYPE OR	PRINT)			229 198959	Komp M	lill Rd.		1	1	
		John J.	Meren	dina M	.D.			r Sprin		20902			
	23a. B	BURIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR C		23d LOCATION				
	1.6	Cremation		August	16 84 11	othon	alitan	Chamata	ru Ales		COUNTY	Vika	STATE
	22.00	COMMUNIT		Trugust	I U O J MI	Muh	MANUEL	ALVIIII O	AND PLES	agiant	CICTO A DIC CICALA	virig.	una-

DHMH - 16 60M 7/84

(VRA 15, 4)

Francis J. Collins 00 Univ. Blvd., W., Silver Spring

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		Urknown		\$3	Eulmara	Luiss
	5	111 Saro as 1	enis Kezlo	1 1028	-36-490	, 611
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11620 Yorn "it ? 74.
Cilver Spring. "i. 2000

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Cromotion Jugust 16,85 Techorolicon Cromotosu Mexantria Erancis I. Collins

The Hold sound of the Character continued in a court

John J. Honondino, 1.7.

	STATE OF MARYLAND					
	DEPARTMENT OF HEALTH AND MENTAL WYGIE					
TRAR	CERTIFICATE OF DEATH					

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS

1170 Rockville Pike; Rockville, Md.

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			771	

- STATE REGISTRAR		CER	TIFICATE OF DEATH	REG. NO.				
1. DECEASED NAME FIR	st tie "	E. KY	asnoff	20. DATE OF DEATH MONTH	785 155 M			
Female	1 RACI hi		TE OF BIRTH ONTH DAY 2 22 07	6. AGE (IN YEARS LAST BIRTHDAY)	AUNDER TYLAR PUMBERTANEL MANUEL SALE HOURS AND			
To BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF V	HAT POUNTRY? 8	RRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OFDEATH			
Pennsylvania	U	WIDO	OWED DIVORCED	montgo	merx MD.			
Bettes de		FACILITY, GIVE STREET ADDRESS	HOSOLTEL	Type of work for most of working LII Homemaker	126 KIND OF BUSINESS OR INDUSTRY Home			
USUAL RESIDENCE (IF NURSING H	non go Mery	GIVE RESIDENCE BEFORE ADMISSI 13CATTY OR TOWN	ON) 13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIF CODE	4 Rd 20852			
14 FATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NAM	ME MIDDLE	LAST			
Chaim		Wiener	Naomi		Aaronson			
(YES, NO OR UNKNOWN)		056-01-8441		n;6028 Rossmore	brive;Bethesda,			
18 CAUSE OF DEATH E	nter only one couse per AUSED BY	espetates	Parlure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, wh gove rise to immedic couse (a), stating underlying cause la	ote (b)	AS A CONSEQUENCE CONSEQUENCE CO	frictive Pulm	unary Disease	20 yrs			
	ANT CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 100			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	196 CONDI	ION FOR WHICH OPERA	ITION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO			
OR CONTRIBUTING CALLS	OF DEATH HOUR A.A	A. MONTH DAY YE		RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)			
(IF EITHER NOTIFY MEDICAL E) 21d IN JURY OCCURRED WHILE AT WORK AT WORK	21e PLACE C		211. LOCATION	CITY OR TOWN	COUNTY STATE			
220.1 certify that (1) (this	270. I certify that (II) (this hospital) attended the despreed from 19 10 to 19 19 saw the deceased alive on above (II) (we) (did (did par) view the body after death.							
Cettors. S	herer		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/9/85			
270 PHYSICIAN'S NAME	herer	mp	3947 Ferro	era Ar. Whe	eton, ind.			
230. BURIAL, CREMATION, REM			OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE			
Rurial	18/11/8	5 King I	Tobaca mom birrel	Falle Chrush.	Fairfage Va			

DHMH - 16 60M 7/B4

BP

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumotic event, the

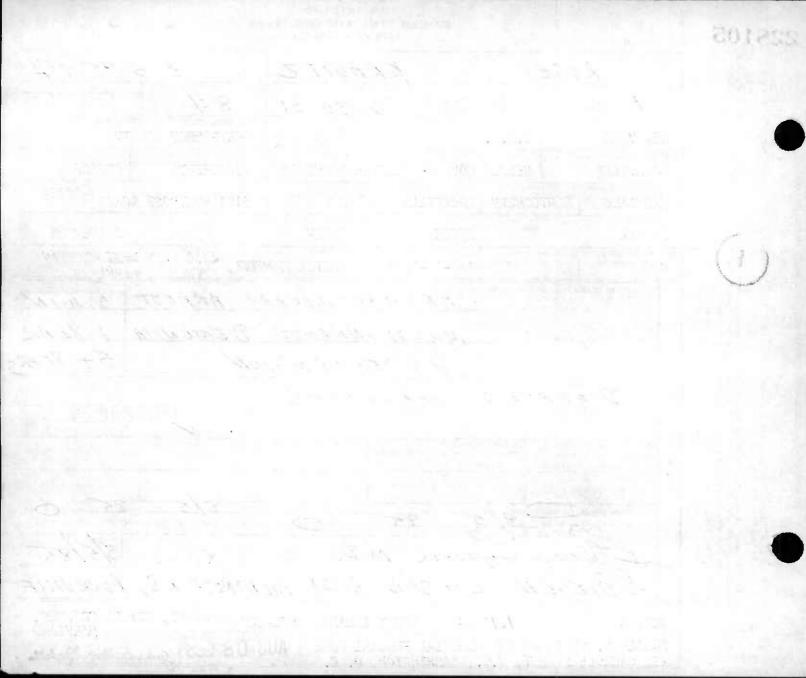
IMPORTANT: If them 21 is marked or them 18 shows any

(VRA 15, 4)

DHMH - 16 50M 4/83 (VRA 15, 4)

24 DONAL DREGIOR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N.W. WASHINGTON, D.

BY REGISTRAR 256, REGISTRAR'S SIG Julia Davidson-Mar



DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIAL

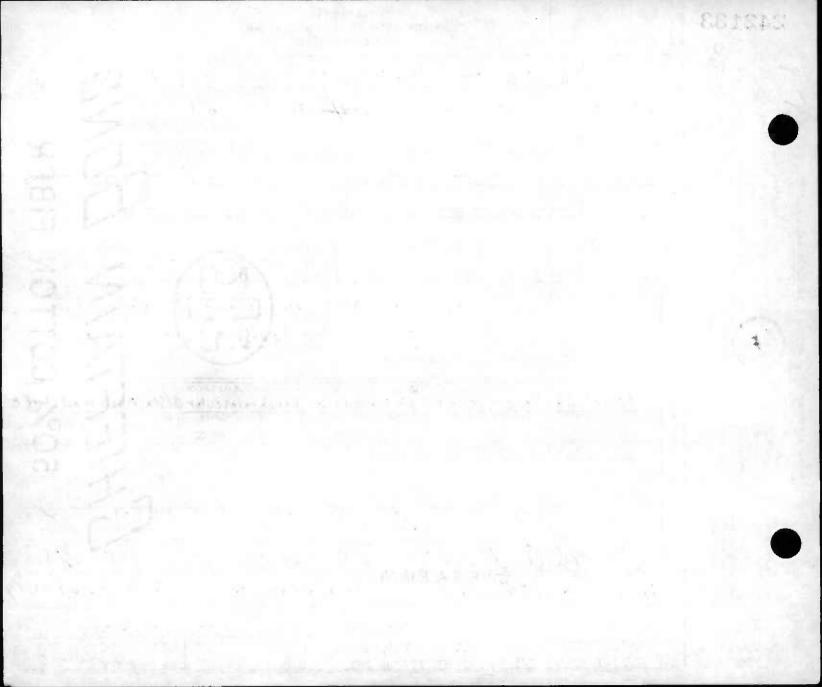
8-18-85

FALLS

CHURCH VA.

KING DAVID MEM GDN 24 FUNE DANZANSKY-GOLDBERG MEM. CHPS, INC. 1170 ROCKVILLE PK. ROCKVILLE MD

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



	Jeor	uner un 7	/
	VO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed withing A hours after deat estained by the hospital or attending physician.	4O FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and complete the face fundamental and the following heart the burial-transit permit. Then please remove carbon papers, frage it and a filled that a him 7	-
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	Pe O	DI	De
	ITA!	RAI	tate
	VO HOSPITAL OR ATTENDING PHYSICIAN: The I	I be	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal
	HC	O FE	th
20	00	7/2	3,

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

ADORTANT: If Hem 21 is marked or Hem 18 shawsony injury, or other troumatic

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND CERTIFICATE OF											
		CEASED NAME FIRST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR									
i	{TAPE	Mitc	hall		K	275	8/25	8	25	85	4:4	500
	3. SE		4. RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS			DERIYEAR	IF UNDER	
		Male	Caucas	ian	Oct		57	VI	MONTH	S DAYS	HOURS	MIN.
1	70. BI	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRI	ED ENEVER MARRIED	9 BALTIMORE	CITY OR COU		EATH		
1		Penna.	IISA		WIDOW		Beth	esdal	Mont	gone	ry Co	intMD.
1	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCC	CUPATION	12	L KIND C	F BUSINE	SS OR
1		ethesda	Subu	rban H	os pit		Consul				Alle	en ar
1	USU, 130 S	AL RESIDENCE (IF NURSING HOME STATE N3b CO	OR OTHER INSTITUTION	13c. CITY OR TOW			13e.STREET ADD	ORESS / ZIP C	ODE	99	Har	nilto
		<u> </u>		Wash, d	. C.	YES NO	4302	W. Ove	r-Pla	ce.	N W	
1	14. FA	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM		IDDLE		LAS	,	
f		John	D.	Kress		Marv			Have	rloc		
2		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS				
7	,	yes	CIAE MAN ON DVIEZ				ess: See #13 above					
1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which									DEATH	
	NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	((0)_	OR AS A CONSEQUE	olic clisterbance due to abo				GIVEN IN	EVEN IN PART I IO		
7	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPS	Y? 206. IF	YES, WER RTIFYING YES	RE FINDIN CAUSES	OF DEAT	H?
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM	A 18 PART 1 C	RPART 2)		
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME S	OF INJURY TREET FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CI	TY OR TOWN	C	OUNTY	51	ATE
		220 I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did)	on They	1 10	87°	and that in (my) (our) opinion of	to My	n the date and	hour and		that (I) (v couses sta	
		276. SID ATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY										
		Rober T	PROI	140.	^	22.33 W.F	consin	Av. A	cu,	Was	(-DC	2010
	23a. B	BURIAL, CREMATION, REMOV (SPECIEY) Burial				CEMETERY OR CREMATORY	23d LOCATIC CITY OR T	OWN	cou	Ohio	51	ate at a
1	24. FL	UNERAL DIRECTOR					E REC'D BY REGI				URE,	-
	I	ves-Pearson Fu	neral Ho	mes, Arli:	ngtor	, Va. AUG	2 8 190	2 Julie	David	son-1	anama	

any injury, ar other traumatic event, the

MPORTANT: If them 21 is marked or tem-18 shows

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	3	6	13
E: 100	45		-

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0		
-		CEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
4	(TYPE	OR PRINT)	CELLA E	STHER KUY	KENDA	AT.T.	AUGUST 1	1985		7:58 a
	3. SEX		4 RACE	DINER RO	5. DATE (6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HRS
	177	TEMAT E	CAUCAS	TAN	MADO	CH 1 1926	59		MONTHS DATS	HOURS MIN.
1		EMALE RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY C	YRS.	Y OF DEATH	
	(COUNTRY)				D L NEVER MARRIED L	MONTGOM			
		LLINOIS TY OR TOWN OF DEATH		STATES	WIDOW		12a USUAL OCCUPAT		125 KIND O	F BUSINESS OR
	33			CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O			. 50011 1200 011
,-		BETHESDA AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	NAVAL HOS		4	HOUSEWIFE			
	13e. S	STATE 136 COUN	VIY	13c. CITY OR TOW	N		13e STREET ADDRESS	ZIP COD	DE 37 20	0816
3	-	THER'S NAME	GOMERY	BETHESDA	A	YES NO X	5606 WOO	Jo WA	1 20	7010
9	14 FA	William	M.	e G	reen	Elinor	MIDOLE		Zieg	gert
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
1	1,	NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	351-16-3	3847	KURT KUYKENDA	LL,2825 CE	NTER I	RIDGE DE	RIVE,
		18 CAUSE OF DEATH Enter or	nly one couse per			OAKTON, VA 2				MATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY:			FAILURE			DL) WILLIAM	Zeager and Dear
		IMMEDIA	TE CAUSE (a)			NATURAL				
		Conditions of any state		R AS A CONSEQUE		OF THE LUNG			3/10/20	
1		Conditions, if any, which gove rise to immediate	(b)	SMALL CE	Lili UA	OF THE LUNG				
	75	cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	ENCE OF					
		DART C. OTHER CICARES	(c)							
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ON I RIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION G	VEN IN PART TIE	2
-	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	28a AUTOPSY?	T20h IF YE	S. WERE FINDIN	IGS USED
1	FIC				0, 2,,,,,,			IN CERTI	IFYING CAUSES	OF DEATH?
-	ERT	716. ACCIDENT WAS UNDERLYING	21b. TIME C	OF IN ILIRY		21c HOW INJURY OCCURRI	YES NO X	1	ES DARRES OR BART 2)	NO []
		OR CONTRIBUTING CAUSE OF DE	1	M. MONTH D	AY YEAR	The state of the s	CENTRA INTORE OF INTO		THAT TOTT PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED		M. OF INJURY	19	211 LOCATION				
	MEC			REET FACTORY OFFICE F	ARM, ETC)	STREET	CITY OR TO	IWN	COUNTY	STATE
		AT WORK AT WORK			77.7	I.Y 31 10 85	to AUGUST	_	10 85	
		220 I certify that (I) (this haspi sow the deceased alive on	AUCIIST	ne deceased from	-	I.Y 31 19.85 nd that in (my) (our) opinion d				that (I) (we) last
		abave, (I) (we) (did) (did no	it) view the bady	after death.			eom occorred on the d	are and no		
	VC 1	22b. SIGNATURE		1.1		DEGREE ATTENDING	MEDICAL STA	FF A	22c. DATE	
	-3	Bruce	(+·	rg		MA PHYSICIAN	DIRECTOR PHYSK	CIAN	1140	16 25
		226. PHYSICIAN'S NAME (TYPE C				22e. ADDRESS NAVAL				
		B.L.FLAX, LT	, MC, U	SNR		NATIONAL CAPI	ITAL REGION	, BET	HESDA ,	MD 20814
	23a B	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	8/5/85) Na	at'l.	Mem. Park	Fails Ch	urch,	VA	JAIG
		NERAL DIRECTOR Joseph	Gawler	s Sons	Inc.	6 250 DATE	REC'D. BY REGISTRAR	25b REGIS	TRAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

OR ALTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the haspital or attending physician.

age 4 may be

poge 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

	STATE OF MARYLAND
FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HOGIENE CERTIFICATE OF DEATH

2	3	5	0	C
				- 1

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		1
1 DECEASED NAME	FIRST	,	MIDDLE	- 1	AST	26. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(TIPE OR PRINT)	ROSEM	IARY LA	FFERTY			AUGUST 5	1985		9:50
3. SEX	4	RACE		5 DATE C		6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HR
FEMALE		CAUCAS	IAN	FEBRU	JARY 28 1914	71	YRS	DATS DATS	HOURS MIN
BIRTHPLACE I STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY	Y? 8	D NEVER MARRIED T	9. BALTIMORE CITY	OR COUNTY C	OF DEATH	
NEW YORK	U	NITED	STATES	WIDOWE	4.4	MONTGOME	RY		^
CITY OR TOWN OF DE	ATH 11		HOSPITAL, NURS		OR OTHER INSTITUTION	126 USUAL OCCUPAT			F BUSINESS C
BETHESDA			NAVAL I	HOSPITA	AL	RETIRED		U.S.N	IAVY
USUAL RESIDENCE (IF NUR 130 STATE	138 COUNT	Y	13c CITY OR TO	NWO	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		9	1990
VIRGINIA	ARLIN	IGTON	ARLING	TON	YES NO	5535 COLU	MBIA PI	KE *	22204
H FATHER'S NAME		DDIE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		i AS	T
	BERNAR			CUBITY		MARGARET			
168 WAS DECEASED EVER	LIF YES GIVE V	VAR OR DATES)	16b SOCIAL SE		17. INFORMANT				0 174 0
YES	1948-	1968	081-32-	-2115	JOHN CARNEY, 9	304 WEST S	TREET, M		
18 CAUSE OF DEAT PART I, DEATH V	TH (Enter only	one cause per	line far (a), (b),	and ic				BETWEEN	MATE INTERVAL ONSET AND DEATH
Company of the Compan	IMMEDIATE	CAUSE (a)	CARDIO	<u>PULMONA</u>	ARY ARREST				
Conditions, if any gave rise to im couse (0), state underlying cause	imediate ing the	DUE TO, OI	ADENO		OMA OF LUNG				0
gave rise to im couse (0), state underlying caus	imediate ing the e last GNIFICANT CO	(c)	R AS A CONSEG	QUENCE OF	NOT RELATED TO THE TERM				
gave rise to im couse (a), state underlying cause	imediate ing the e last GNIFICANT CO	(c)	R AS A CONSEG	QUENCE OF		20a AUTOPSY?	20b. IF YES, IN CERTIFY!	WERE FINDIN	GS USED OF DEATH?
gave rise to im couse (o), stati underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN	mediate ing the e lost ENIFICANT CO ATION INDERLYING CAUSE OF DEATH	19b. CONDI	R AS A CONSECTION FOR WHICH PARTY MAN MONTH	O DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? YES NOX	20b. IF YES, IN CERTIFYI	WERE FINDINING CAUSES	GS USED
PART 2 OTHER SIG	INTEGRATED THE INTEGR	(c) PNDITIONS CC 19b. CONDI 21b. TIME O HOUR A. P. 21e PLACE	R AS A CONSECTION FOR WHICH MAN MONTH MAN.	O DEATH BUT CH OPERATIO DAY YEAR	NOT RELATED TO THE TERMI	200 AUTOPSY? YES NOX ED (ENTER NATURE OF INJURE) CITY OR TO	20b. IF YES, IN CERTIFYI YES	WERE FINDINING CAUSES	GS USED OF DEATH?
Gave rise to im couse (o), stoth underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MEE AT WORK AT WORK 22a.1 certify that (1) sow the deceo	INTEGRATED ATION DERIVING CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CREED ORK () (this hospital sed olive on	19b. CONDI 19b. CONDI 19b. TIME O HOUR A. P. 21e PLACE: (AI HOME STR	R AS A CONSECTION FOR WHICE TO THE PROPERTY OF	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 19 11 12 13 14 15 16 17 17 18 19	NOT RELATED TO THE TERMINAL WAS PERFORMED 21c. HOW INJURY OCCURR	200 AUTOPSY? YES NOX ED (ENTER NATURE OF INJECTION TO	20b. IF YES, IN CERTIFY! YES JRY IN ITEM 18 PAR	WERE FINDING CAUSES IT I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
PART 2 OTHER SIGN TO THE SIGN	INTEGRATED ATION DERIVING CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CREED ORK ORK (did) (did not)	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. 21e PLACE (AT HOME STR AUGIUS view the body	R AS A CONSECTION FOR WHICE TO THE PROPERTY OF	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 (E. FARM ETC.)	NOT RELATED TO THE TERMINAL PROPERTY OF THE TE	200 AUTOPSY? YES NOX ED (ENTER NATURE OF INJU CITY OR TO , to AUGUST death accurred on the co	20b. IF YES, IN CERTIFY! YES DWN 1 date and have a	WERE FINDING CAUSES IT I OR PART 2) COUNTY	STATE
PART 2 OTHER SIGNOVER IN THE S	INTEGRATE CONTROL OF THE CONTROL OF	19b. CONDI 19b. CONDI 19b. CONDI 21b. TIME O HOUR A. P. 21e PLACE: (A1 HOME STR AUGUS view the body	DNTRIBUTING TO ITION FOR WHICE OF INJURY M. MONTH M. OF INJURY REET, FACTORY OFFICE deceased from T 5 19 after death.	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 E. FARM ETC.)	21c. HOW INJURY OCCURR 211 LOCATION STREET JLY 22 19.85 nd that in (my) (aur) opinion of Physician 22e ADDRESS NAVAL	200 AUTOPSY? YES NOX ED (ENTER NATURE OF INIL CITY OF TO AUGUST death accurred on the company MEDICAL DIRECTOR PHYSI HOSPITAL	20b. IF YES, IN CERTIFYI YES JRY IN ITEM TB PAR State and have a	county 22. DATE WERE FINDING CAUSES COUNTY WEDICA	STATE that (I) (we) locauses stated SIGNED LA ES LL COMM
GOVE rise to im couse (o), stoth underlying cous underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MEE 21d. NJURY OCCUP AT WORK AT WORK 22a. I certify that (I sow the deceopy obove, (I) (we) 22b. SIGNATURE L. N R. L. N	INTEGRATED THE CONTROL OF THE CONTRO	19b. CONDITIONS CONDIT	DNTRIBUTING TO ITION FOR WHICE OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE T 5 19 after death.	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 E. FARM ETC.)	21c. HOW INJURY OCCURR 21l LOCATION STREET JLY 22 1985 and that in (my) (aur) opinion of Physician 22e Address NAVAL NATIONAL CAP	200 AUTOPSY? YES NOX IED (ENTER NATURE OF INII CITY OF TO AUGUST death accurred on the company MEDICAL STA DIRECTOR PHYSI HOSPITAL PITAL REGIO	20b. IF YES, IN CERTIFYI YES JRY IN ITEM TB PAR State and have a	county 22. DATE WERE FINDING CAUSES COUNTY WEDICA	STATE that (I) (we) locauses stated SIGNED LA ES LL COMM
PART 2 OTHER SIGNOVER IN THE S	INTEGRATED THE CONTROL OF THE CONTRO	19b. CONDI 19b. CONDI 19b. CONDI 21b. TIME O HOUR A. P. 21e PLACE: (A1 HOME STR AUGUS view the body	ONTRIBUTING TO ITION FOR WHICE OF INJURY M. MONTH M. OF INJURY REEL FACTORY OFFIC T 5 19 ofter death.	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 E. FARM ETC.) C. NAME OF C.	21c. HOW INJURY OCCURR 211 LOCATION STREET JLY 22 19.85 nd that in (my) (aur) opinion of Physician 22e ADDRESS NAVAL	200 AUTOPSY? YES NOX NOX CITY OR TO AUGUST death accurred on the complete of the complete	20b. IF YES, IN CERTIFYI YES JRY IN ITEM 18 PAR DWN 5 19 date and haur of the condition	COUNTY WERE FINDING CAUSES COUNTY COUNTY COUNTY WEDICA WEDICA COUNTY	STATE that (I) (we) locauses stated SIGNED LA ES LL COMM

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciam should be detached for use as the burial-transit permit. Then please remaye carbanpapers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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п		REGISTRAR				CERTIF	ICAIE OF DEATH	REG. I	NO.			
1		CEASED NAME	FRST	a ^	AIDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	(TYPE	OR PRINT)	Jul	ian	Everett	- 1	ake,	/	Aug. 31	85	3p ,	и
	3. SEX	(4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST E	IRTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS	
		Male		Whe	te	MONTH 5	10 1899	86	YRS 3		HOURS MIN	
	7a. BIF	RTHPLACE (STATE OR F	OREIGN	16. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH		
2	Rh	ode Island		U.	5,	WIDOWE		Mon	. togome	M	ME	D.
Ô	10 CI	OLDOLL OF DEA	MA		HOSPITAL, NURSING HEACHTY, GIVE STREET A		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Manager		126. KIND OF	BUSINESS OR PLEPHON	e
6	130 S	AL RESIDENCE O NURS	ING HOME OF	OTHER INSTITUTION,		ADMISSION!	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS 18201 Mar		-	183	2
1		THER'S NAME		MIDDLE	LAST	A III	15. MOTHER'S MAIDEN NA	MIDDLE		LAST		
2	_	rank			Lakey			KNOWN			I and	To at
1	16a W	VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES?	577-01-		17 INFORMANT Mrs. Linda Ha		REUnivers er Sprin		20903	
		18 CAUSE OF DEAT	H Enter or	ly one couse ne							NATE INTERVAL NSET AND DEATH	=
		PART I. DEATH W	'AS CAUSE	D BY:	Card	LON	- aller					
			IMMEDIA	TE CAUSE (o)	~	0	TOAS	Hion		12		
		Canditians, if any	which	DUE TO, OI	CVVV	www	an -			Y	W	
		gove rise to improve couse (a), stoting	nediote	DUE TO: OF	Or also	there	11 12 15			2/2		
		underlying couse		(10)	MANAGE	a.a.el	ware .	MANA		V	ylln_	
	-	PART 2 OTHE	WHICANT	CONDITIONS CO	NITRIBUTING TO D	EATH BUT	RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN	IN PART	1	-
	TIO	0	11-10/	ame	1310	M	N WAS PERIORMED	20g AUTOPSY?	20b. IF YES, W	EDE EINIDINI	OS LISED	-
2	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	IN WAS PER DAMED	YES NO	IN CERTIFYIN			
7	CER	21g. ACCIDENT WAS UN	-	216 TIME O	FINJURY M. MONTH DA	V VEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	ORPART 2)		
	AE	OR CONTRIBUTING		5111		19						
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY	ARM FIC)	21f. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	20
	2	NAMES TO HOLIMA	The Contract of the Contract o				1-1 01		Jb.	0		
		22a.1 certify that (1)	(this hour	b) attended	deceased from		0 26 19 13	, ta	19.	00	hat (I) (we la)	1
		obque (I) (wai)	ed alive A	werse the body	itter death.	, 01	nd that in (my) (our) apinion	deoth occurred an the	dole and hour un		O POST CONTRACTOR	
		225. SIGNATORE	141	Low	1	8	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	TAFF	221. DAT	2)/05	-
-		776 PHYSICIANS N	May .	J X	V 3	4	PHYSICIAN E	DIRECTOR PHYS	ICIAN []	101	01 6	-
		G.H	Li	1) NE	Cafe		1814 Pxf	mly ?	Dr. 01	vey N	7 786	12
		BURIAL, CREMATION,	REMOVAL	NE DATE			EMETERY OR CREMATORY	23d LOCATION	0	DUNT	STATE	
		Burial		19/6/8			co National Co					
	24 FU	UNERAL O DES COPIL	Gawl	er's Son	ns, Inc.	, 513	O Wisconsin DAT	E REC'D. BY REGISTRA	AR 25b. REGISTRAF	R'S SIGNATU	JRE	
		Avenue	9 N.W	., Washi	ington, D	C 20	016	JO JUBS	Jan Desid	man asn	delle	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

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EP	ART	MENT	OF H	EALTH	AND	MENTAL	HYGIENE
		CE	RTIF	CATE	OF	DEATH	

- STATE REGISTRAR				CERTIFI	CATE OF	DEATH		REG. N	10.			
1. DECEASED NAME	John	Ash	by	Lamb			20 DATE C	F DEATH	8/12	2/85	7:44	an
3. SEX Male		4 RACE Whi	te	5. DATE OF	BIRTH DAY	1909	6 AGE (IN		THDAY)	MONTHS DAYS		
70. BIRTHPLACE (SI	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWED		MARRIED [9 BALTIM		or count Montg	y of DEATH	MI	-).
Olne		LIE NOT IN SUC	OSPITAL, NURSING STREET GOMERY	ADDRESS)		spita	- (TYPE OF WO	OCCUPAT	ION OF WORKING L		OF BUSINESS OR	
USUAL RESIDENCE 130 STATE Md.	13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Gaithers	sburg	YES 🟋	NO [24 S			ck Ave.	(20877)	
Char	.es	MIDDLE	Lamb			'S MAIDEN NA FIRST [attie		MIDDLE			itry	_
160 WAS DECEASED (YES, NO OR UNKNO		RMED FORCES? VE WAR OR DATES!	227-18-		Nelli		amb	24 °S°. Gaith	ersbu	erick A	ve.,	_
PART I. DE	IMMEDIA if any, which o immediate	TE CAUSE (0) DUE TO, OI	PNE V MO RAS A CONSEQUE ASPIRAT RAS A CONSEQUE RAS A CONSEQUE REBER	NIA ENCE OF ENCE OF	cu la	R A	ccide	ent.	Duzin Pacen Imp		XIMATÉ INTERVAL L'ONSET AND DEATH	-
CERTIFICATION STORY OF THE CATION OF THE CAT	DERATION 31,1983 VAS UNDERLYING [IG CAUSE OF DE	PY EM 196. CONDI ATRI 216. TIME O HOUR A.	M. MONTH DA	ChR OPERATION PICULA AY YEAR	ONIC WAS PERFO R BI	ObstR.	200 AUT	OPSY?	20b IF YE IN CERT	VEN IN PART I	ISCAS E	
21d. INJURY O	CCURRED NOT WHILE AT WORK	21e. PLACE		ARM, ETC.)	211. LOCAT			CITY OR TO	NWC	COUNTY	STATE	
		Augus	deceased from	m many	a 7 d that in (my	, 19_ 85) (our) opinion	deoth occur	red on the d	T/2 date and ho	, 19 <u>85</u> ou ond from th	, that (I) (we) las e causes stated	1

should be detached for use as the burial-transition with the State Dept. of Health and Mental Hygi TO FUNERAL DIRECTOR. After this

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

230 BURIAL, CREMATION

8/15/185

23c NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

DEGREE

23d LOCATION CITY OF TOWN Frederick

MEDICAL STAFF
DIRECTOR | PHYSICIAN

COUNTY Fred STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 316 E.ss Diamond Ave., Gaithersburg Md. 20877 Gartner Sandison F.H.

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	er. 35 1975		
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El e sometra plus	2 5005		·
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2128

TENDING PHYSICIAN: The attending physician.

the hospital or

etoined by

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

· Sim	0	~	0	4

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		1
	CEASED NAME	FIRS1	٨	AIDDLE	L L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
0/		gene	Da	rrell	Lar	niman	August 31	, 1985		5:45a
3. SE	Х	4	RACE		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
1	Male		Caucas	ian	May	16, 1918	67	YRS		MIN MIN
7a B	IRTHPLACE (STATE OF	FOREIGN 71	CITIZEN OF	WHAT COUNT	RY? 8	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
	OHIO		USA		WIDOWE		Montgomer	y Count	V	N
10 C	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NUI		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS O
Be	ethesda				al Bethe	esda	Line Offic	er		IBM/ JSN
USU	AL RESIDENCE (IF NUI	136 COUNT	THER INSTITUTION		FORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7ID CODE		
130.	MD	Montg		German		YES NO X	14811 Sen	eca Roa	d 208	874
14. F.	ATHER'S NAME					15 MOTHER'S MAIDEN NA				
0	John FIRST	Russ	001E	Lamima	an	Elnora	Blyth	C	hriste	ngen
	WAS DECEASED EVE			166 SOCIALS		17 INFORMANT 1481				
	Yes no or unknown)	1940-	1960	176-32	2-1014	Charlotte T.				,
	_					Olidizacee 2	dione adjun	(10)		MATE INTERVAL
	18 CAUSE OF DEA PART I. DEATH	WAS CAUSED	BY:	Sepsis	, and ic				BETWEEN	ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIG					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
- =	21a ACCIDENT WAS U	NDERLYING	216 TIME O	FINJURY		21c HOW INJURY OCCUR			10.00	110
	OR CONTRIBUTING		HOUR A.I		DAY YEAR					
MEDICAL	216 INJURY OCCU	RRED	21e PLACE			21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (saw the decea	l) (this hospita	Augus	t 31 1		st 6 19 85 and that in (my) (our) opinion	to August	31 , 19 date and haur o		that (I) (we) lo couses stated
	224 SUSPENIE	1	1			DEGREE	and the		22c DATE	SIGNED
	Austr	20	7.			ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	aSE1	185
	G.A.Call		T,MC,US	NR		MD 20814-5	l Hospital,	NMCNCR	R, Beth	nesda,
	G.A. Call	eja L								
	BURIAL, CREMATION		23b. DATE		31 NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
			23b. DATE				236 LOCATION CITY OR TOWN	ngton.	county Virgir	STATE 11A
	BURIAL CREMATION	I, REMOVAL		5	Arlingt	on National C	236 LOCATION CITY OR TOWN	ngton.		nia

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDENE

2 3 3 7 0

	REGISTRAR	CERTIF	FICATE OF DEATH	REG. NO	
5	1. DECEASED NAME FIRST (TYPE OR PRINT) Lilli	an P. LA	NCe	20 DATE OF DEATH MONTH	30, 85 3:45pm
	Fe MA/e	4. RACE S. DATE OF Jun	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 91 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
7	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Georgia	**TO CITIZEN OF WHAT COUNTRY? MARRIE WIDOWE	D NEVER MARRIED D	Montgomery	
9	Bethesda	11. NAME OF HOSPITAL, NURSING HOME OF LIFT OF HOSPITAL NURSING HOME OF CHARLES AND AREA TO THE CONTROL OF THE C	Care Center	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUS ewife	126 KIND OF BUSINESS OR INDUSTRY HOME
3	Maryland Mont	other institution, give residence before admission) ITY gomery Rockville	YES 🔀 NO		
1	William	P. Pettitt	Palesti	n e	Powell
	160 WAS DECEASED EVER IN U.S. AR/ (YES NO OR UNKNOWN) IF YES, GIVE	MED FORCES? 16b SOCIAL SECURITY NO. 218-05-1968.) Joyce Plu	ngas Same as	items 13a-e
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO O ASIA CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	entry entres	Distage THAL DISEASE OR CONDITION GR	yens Lylas VEN, INSPIT 1/10
-	CERTIFICATION THE DATE OF OPERATION	14L CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
7	A TOWN A	TH HOUR AM MONTH DAY YEAR	711, LOCATION	ED Janes Nature of Address residence	FOUNTY STATE
	22a I certify that (I) (the bacon sow the deceased alive an obave, (I) thee) (did) (alid and 22b, SIGNATURE	Diview the Hood offer goods (% 5 1) of	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED ST
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	9/4/85 Lakewo	emetery or crematory od Gardens	Rossville,	Georgia STATE
	14 FUNERAL DIRECTOR Tysor 1331 Rockville	Wheeler Funeral Pike Rockville,	TIOME	EP 6 1985 Julia	TRANS SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

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Hurini 1/85 lokewood bordans Hulsville, Coordin 1780H .Dogwelst and companies of the control of

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DHMH - 16 50M 4/83

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE CERTIFICATE OF DEATH

2 3

- STATE REGISTRAR DECEASED NAME 20 DATE OF DEATH 26 HOUR FIRST (TYPE OR PRINT) George D. LAYTON 1985 30. 3. SEX 4. RACE 5. DATE OF BIRTH JE LINDER I VE AR July 3, 1922 Male White TO BIRTHPLACE (STATE OF FOREIGH 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Montgomery County. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Onev Montgomery General Hospital Welder County Roads USUAL RESIDENCE (IF NURSING HORE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 135. OUNTY 136. CITY OR TOWN 130. STREET ADDRESS / ZIP CODE 13036 Penn Shop Rd 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? Frederick Mt.Amry Maryland YES 🗌 NO X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Mullinix Mabel Layton Daniel 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Quinn Rd. 213-18-8007 Mildred M. Gordon, Frederick, Md. 21701 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HYDOVOLEMIC SHUCK AND PART I. DEATH WAS CAUSED BY MULTIPUL ORGAN IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF RUPTURD ASDOMINAL BORNC Conditions, if ony, which ANDUMS M. gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF UNKNESWN underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ABDOMINAL SORFICE 8/30/15 RUDTURED 218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY OFFICE FARM, ETC 1 NOT WHILE 22a.1 certify that (I) (this haspital) attended the deceased-from sow the deceased alive on 8/30/11 above, (1) (we) (alid) (did not view the body lafter death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h. SIGNATURE DEGREE 22¢ DAJE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS PHILLIP BY. OLWAY Md. 23e. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Sept.1,1985 Bethesda Meth. Burial Browningsville, Montg. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE whe will door youdall NAMOlin L. Molesworth, P. A., Damascus, Md. SEP

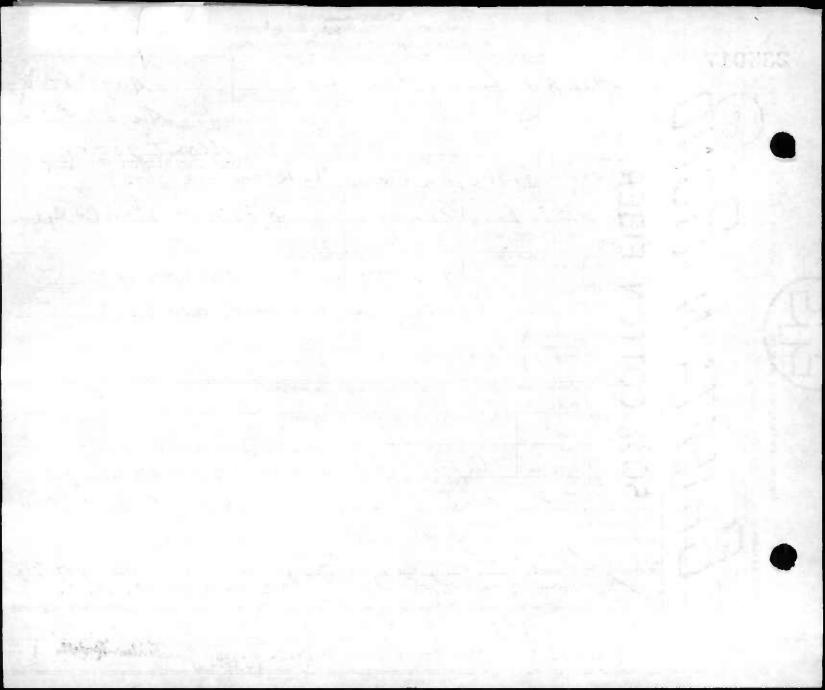
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

85-23372

001	-OAM		REGISTRAR	MEDI	CAL EXAMINER'S	CERTIFICATE OF	DEATH REG NO		
3	DULY		CEASED NAME FIRST	Ashby	DOLE Langston	I LAST Lee	20 DATE KNOWN	ONTH DAY YEAR 76 HG	1/3
- 3	2000年	1	As6 1	1/2	ctan	6	OF ESTI-	11/0/90 500 101	9
- 3	2823E	3. SE	4 RACE	DATE OF BIRTH		UNDER 1 YR. IF UNDER 24	HRS. 20 DATE	INTH DAY YEAR 26 HK	WX
1	485	100	1 111	MONTH PAY	11217	ONTHS DAYS HOURS MI		10 20 10:	1
- (33828/1/	70 B	RTHPLACE (STATE OR	IZE ITIZEN OF WHAT	COUNTRY? 8		Au	10 17 1900 F	I,M
• ,	1139		Virginia	USA	MA MA	RRIED ANEVER MARRIED	BALTIMORECITY OR C	ONIT OF DEATH	
,	270					OWED DIVORCED	Monto	ISMERY	MD
5 - 11 5	2 K K B E	10. C	TY OR TOWN OF DEATH		AL, NURSING HOME, OR C	THER INSTITUTION 12	Autocrepairm	an Relatives	5
	ACAT.	130	wy tonsville	34/102	on Corn	LITTE RER	ockmont Chev	1000	
=	TENER TO				SIDENCE BEFORE ADMISSION)			211450	
1126	A S E S E	13a. S		onet	CITY OR TOWN	13d. INSIDE CITY LIMITS? 13d	STREET ADDRESS	JUNY	1
9	- 200	III. F	ATHER'S NAME		U/Ney	15 MOTHER'S MAIDEN N	TAME DE TON	on any	11
×	H-18996/	1	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST	
380	983 ₹ ₹ 8 -		Robert	F.	Lee	Annie	Bell	Lee	
Ĭ.	S S S S	160. V	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN] (IF YES, GIVE	MED FORCES?	66. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
ALT	S AFI GIVE ITH P PAGI VISIC		None	5	579 07 2118	Loretta Le	e (Wife) Same	as 13E	
	WILL WILL	12	18 CAUSE OF DEATH (Enter or	ly one couse per line for				APPROXIMATE INTERVA	N.L
Z ST	S S S S S S S S S S S S S S S S S S S	1/	RE DEATH WAS CAUSE	D BY:	nobit 1	recend at	Aldon	BETWEEN ONSET AND DE	AIH
ō	2 E O E E O	Y	IMMEDIA	TE CAUSE (d)	A CONSEQUENCE OF		7.3 OVW 64		-
RES	EWCEN SERVICE		Conditions, if any, which						
9.	MINE MINE MINE NTAI		gave rise to immediate couse (a) stating the under-	< ''					
2	SAN		lying cause last.	DUE TO, OR AS	A CONSEQUENCE OF				
.20	5 = 0 2 9 5			(c)					
SO.	WAY BEEN		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 1	a l		
RECORDS	BE DO SEED IN WEDING AS A LITH CREM	MEDICAL CERTIFICATION	/Vone						
2	E E E E	7.3	190. DATE OF OPERATION	196. CONDITIO	FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?	
I	PSESPE	4 🖺	/ Vone					YES NO	52
T V	MENT O BO		210. EXTERNAL CAUSE WAS	216 TIME OF IN	JURY 21c	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1		
N	SH SH	1 3	UNDERLYING OR	1 / /	ONTH DAY YEAR	1 1 1 1	11-1	4 1	
000	PAST SE	1 8	CONTRIBUTING CAUSE OF	21e PLACE OF I	NJURY (AT HOME, 211.	LOCATION	1110 Clean	12x gwn	_
>	S S S S S S S S S S S S S S S S S S S	WW	WHILE MOTHER		FARM, ETC.)	STREET	CITY OR JOWN	COUNTY STA	TE 31.
	NA A A A		AT WORK AT WORK	V /2~	d upi	Encerville Ra	BULLIANTONIA	Mont Mi	1
	S S S S S S S S S S S S S S S S S S S	1	22a I certify that I took charg	e of the remains describ	ed above, held on Aut	opsy . Inspection	Inquiry . ond in	my opinion	
	NE SE				cident Suicide		Indetermined monner	ny opinion	
	A SE	1	11-	Torcooses Cas. Ac	cidem (La), Soicide L		modernined monner,		
			ACTUAL C	9/1-		TITLE (SPECIFY)	0	ATEA E 101	27-
	NERA NORE,	1	SIGNATURE	-	a second	M.D. Del	MEDICAL EXAMINER S	19 17 17 17 17 17 1	5
	WEDICA CUTE TH E 4 SH CUNER SPEAT	1	EXAMPLER'S NAME John	n S. Roger	S, MD	1919	Seminary Rd	.S.S.Md.	
	- CO - E - E		TWE-CIE PRINT)			ADDRESS			
	524548 _	23a.B	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY	OR CREMATORY 2	3d. LÓCATION CITY OR TOWN	COUNTY _STATE	
/84	BP		Burial	8/22/85	Parklawn	Cemetery		Mont. Md.	
M	DHMH - 17		UNERAL DIRECTOR	110000000	- Homoghine	250. DATE REC	D. BY REGISTRAR 258 REPORT	R'S SIGNATURE	
	(VR A15 ME (5))	H	imes/Rinaldi	TT800~Wet	w nampshire	Ave, Aug. 20	J. 1985 January		



FOR - STATE

1 DECEASED NAME

REGISTRAR

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

LAST

MIDDLE

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG. MEMORIAL CHAPELS

1170 Rockville Pike; Rockville, Md. 20852

REG. NO

20 DATE OF DEATH MONTH

YEAR

Mandelle

2b HOUR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN. The Spiring that the death conficul differential definition after death raise 4 may be retained by the hospital or ottending physician.
TO FUNERAL DIRECTOR. After this certificate has been algored by the attending providence of discontinuous little and the funeral discontinuous should be detached for use as the burial-transfer each them print to be a continuous con
IAPORTANT: If Hem 21 is marked or hem 18 shake any injury, ar other traumatic event, the medicolles among market forth are ex-

BP.

IMH - 16 60M 7/84

(VRA 15, 4)

	(ITPE	DAV	JID JO	SEPH	LI	EVY	Aug.	15,	1985		5:50	ME
	3 SE)	(4 RACE		5. DATE C		6. AGE (IN	YEARS LAST BIR	_	FUNDER I YEAR	IF UNDER 24 I	HRS AIN.
		Male	White			uary 12,1913	7.	2	VDS		HOURS	MN.
1		RTHPLACE (STATE OR FOREK	GN 76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMO	RE CITY O	RCOUNTY	OF DEATH		
/		gypt	U.S.	A.	WIDOWE		Mo	ntgor	mery (County	7,	MD.
0	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATI	ON IF WORKING LIFE		F BUSINESS	OR
6	Si	lver Spring		ross Hos			Techn:		(Ret.)	Denta	1	
20	USU /	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		113d INSIDE CITY LIMITS?	13e STREET	ADDRESS	ZIP CODE			
2	Ma		Contgomery	Silver						Road (2	20906)	
7	14 FA	THER'S NAME	A IDDLE	LAST		15. MOTHER'S MAIDEN NA		WIDDIE				
6		Joseph	7110012	Levy		Matilda			(Un	known		
1	160 V	VAS DECEASED EVER IN U	J.S. ARMED FORCES?	166 SOCIAL SECT	URITY NO	17 INFORMANT	=1.7		filver	Spring	, Md.	209
-	N	VAS DECEASED EVER IN L (IF)	TES GIVE WAR OR DATES)	577-62-	2924	Dr. Albert Le	evy; Sor	1;1272	22 Teak	perry F	Road;	
		18 CAUSE OF DEATH	nter only one couse per	line for (a), (b), ar	nd (c)	A II				BETWEEN	MATE INTERVAL	АТН
	-	PART I. DEATH WAS O	CAUSED BY: MEDIATE CAUSE (0)	He	ait	Failue		100		40	nu	
			DUE TO O	R AS A CONSEOU	ENCE OF			-	75 1	1		
		Conditions, if ony, wh	ich ((b)_			Cornacy	a au	luc	164			
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUENCE OF TO THE DUE TO, OR AS A CONSEQUE						1				
		underlying couse last (c) Diabele Mellelee										
	-	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEAS	EORCON	DITION GIVE	N IN PART 1		
_	NOIL											
9	ICAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY?		WERE FINDING CAUSES		
	CERTIFI						YES 🗌	NO			NO 🗌	
7		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI	110110	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTERN.	ATURE OF INJUI	RY IN ITEM 18 PA	RT OR PART 2}		
	CAI	(IF EITHER NOTIFY MEDICALE	XAMINER) P	M.	19		311/					
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STAT	E
		MHILE NOT WHILE					, ,	0				
		22a I certify that (I) (this					, to	July	7w	9 07	that (I) (we)	lost
		0b0ve, (I) (we) (did)	live on All Co (did not) view the body	ofter deoth.		nd that in (my) (our) opinion	deoth occurre	ed on the di	ote and hour			d
	10	226 SONATURE	1	0		DEGREE ATTENDING	MEDICAL	STAI	F .	22c DATE		
1		COBOX V	muce	1. Cu.	A .	PHYSICIAN L				Aug.	15, 1	985
1	/	22d PHYSICIAN'S NAME		7 MD		8808 Hidden	Lance	Doton	and M	ore I sec	2085	Λ
L			. MARTINE						ac, Ik	тутанс	2005	*
		URIAL, CREMATION, REM				EMETERY OR CREMATORY	23d LOC	ATION		COUNTY	STAT	E
	_	urial	8/18/			anon Cemetery	Ade	lphi;	P.G.	Maryl	and	- 14
	24 PU	INERAL DIRECTOR DAN	I'VANICIZV_COT	DDDDA M		/30 DAI	E KEL D. BY	KEGISTKAK	MOD KEGISTA	AR'S SIGNAT	UKE	



nding physicion and completely filled in Ev carbonpopers. Pages 1 and 2 should be liter

TO FUNERAL DIRECTOR. After

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE

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DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		3	٠ ،		
E	LAST	REG. NO.	ONTH	DAY	YEAR	Zb. HOUR
cks	Lewitz.	August 8, 1	.985			95%
	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER	PIYEAR	IF UNDER 24 HI
	MONTH OAY TOOK	70		MONTHS	DATS	HOURS MI

13e STREET ADDRESS / ZIP CODE

100000

			MEO. ITO			
1. DECEASED NAME FIRST	ma Sacks	LAST LAST	August 8, 1985	DAY YEAR	26. HOU	R 3
1110		- EWII C			1/	1
3. SEX	4 RACE	5 DATE OF BIRTH	A MOC (see to see a see	IF UNDER I YEAR	IF UNDER	24 HF
Female	White	Feb. 20, 1906	79 YRS.	MONTHS DAYS	HOURS	Mi
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY			
Poland	U.S.A.	WIDOWED XX DIVORCED	Montgomery Co	ounty,		
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12F KIND O		55 (
Silver Spring	Holy Cross Hosp	oital	Honemaker of working Life	INDHOME		

Maryland	Montgonery	STIVEL SPITIG	YES TO NO	13828 Vintage	Lane (20906)
14 FATHER'S NAME FIRST (Unknown)	WIDDLE	Sacks	Sarah	MIDDLE	Rubin
		166 SOCIAL SECURITY NO. 215-58-9668			Maryland 20906 intage La.;S.Spring,

134 CITY OR TOWN 134. INSIDE CITY LIMITS?

NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

18 CAUSE OF DEATH Enter only one couse per line on in this and the part I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if ony, which (b)	et 4 day
gove rise to immediate couse to, stating the underlying cause last DUE TO, OR ASS CONSEQUENCE OF Q	so Year
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 119

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART (OR PART ?)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TO	OWN COUNTY STA

220.1 certify that (1) this haspital)	attended the deceased	from 0/7	1900 , to	0 0	, 19, that(1) we
sow the deceased alive on			our) opinion death c	occurred on the date	and have and from the causes state
72k SISNATURE	1	DEGREE			22 DA E SIGNED

BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCAT
Burial	8/9/85	D.C. Lodge Cemetery	Was

hington, D.C. DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 1170 Rockville Pike; Rockville, Md. 20852

THUU & CH HOUSE

- STATE

(TYPE OR PRINT)

To BIRTHPLACE

COUNTRY)

RUSSIA

MARYLAND

14. FATHER'S NAME

ID. CITY OR TOWN OF DEATH

IAKOMA PARK

ABRAHAM

(YES, NO OR UNKNOWN)

NO

3 SEX

REGISTRAR

FIRST

MONTGOMERY

MIDDLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

(STATE OR FOREIGN

WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

1. DECEASED NAME

BALTIMORE, MARYLAND 21201 PRESTON ST. DIVISION OF VITAL RECORDS, 201 ă urial-transit p

other traum

00

0

marked

MPORTANT

CERTIFICATION

STATE OF MARYLAND CERTIFICATE OF DEATH MIDDLE

5. DATE OF SHR

MONTH FEB

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH AND MENTAL HTGIENE

MARRIED NEVER MARRIED

HOSPITAL

17. INFORMANT

20 DATE OF DEATH

REG. NO

26 HOUR IF UNDER 1 YEAR

20901

SOFER

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

AGE LIN YEARS LAST BIRTHDAY

9. BALTIMORE CITY OR COUNTY OF DEATH

MONTGOMERY

13e.STREET ADDRESS / ZIP CODE

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE TOWNRYHOME HOUSEWIFE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? SILVER SPRING YES X

11104 LOMBARDY ROAD 15. MOTHER'S MAIDEN NAME

1895

FIRST MIDDLE

ADDRESS

same as #13 SAMUEL LIGHT

CARCINOUNA IMMEDIATE CAUSE ID DUF TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause

LAST

GOLDBERG

16b SOCIAL SECURITY NO

063-20-44370

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

216. TIME OF INJURY

P.M

21e. PLACE OF INJURY

76 CITIZEN OF WHAT COUNTRY? | 8

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! WASHINGTON ADVENTIST

UNITED STATES

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [

21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR

MEDICAL

211 LOCATION STREET AT HOME, STREET, FACTORY OFFICE, FARM, ETC]

COUNTY

STAFF

STATE CITY OR TOWN topresent

and that in (my) (aur) apinion death occurred an the date and have and from the causes stated

DEGREE ATTENDING

PHYSICIAN

1600 CARREN

DIRECTOR PHYSICIAN

RKLANS 230. BURIAL, CREMATION, REMOVAL

374 PHYSICIAN'S NAME LOSS OF PERSON

71a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(# EITHER NOTIFY MEDICAL EXAMINER) 114 INJURY OCCURRED

NOT WHILE

saw the deceased alive on 8/23

220.1 certify that (1) (this haspital) attended the deceased fram.

above, (1) (we) (did) (did not) view the body after death

8/25/85

JIEN CO

WASHINGTON CEMETERY

23c NAME OF CEMETERY OR CREMATORY

BROOKLYN

STATE

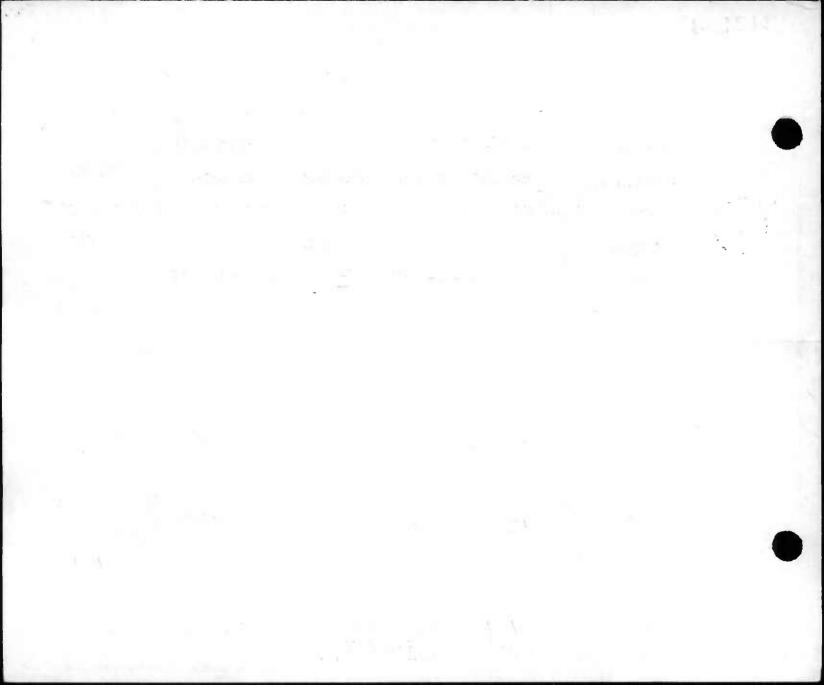
22¢ DATE SIGNED

24 FUNERAL DIRECTOR DM STEIN HEBREW MEMORTAL FUNERAL HOME

232 Carroll St 250 DATE RECID BY REGISTRAR 256 REGISTRAR'S SIGNATURE "WASHINGTON. D.C.

BURTAL

DHMH - 16 50M 4/83 (VRA 15, 4)



notified at once.

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at ather traumatic event,

filled in by the funeral director, page 3 auld be filled within 72 hours after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physishauld be detacked for use as the burial-transit permit. Then please remarke carban permit with the State Dept. at Health and Mental Hygiene priar to burial, crematian, ar remark TTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

TO HOSPITAL

BP

DHMH - 16 50M 4/83

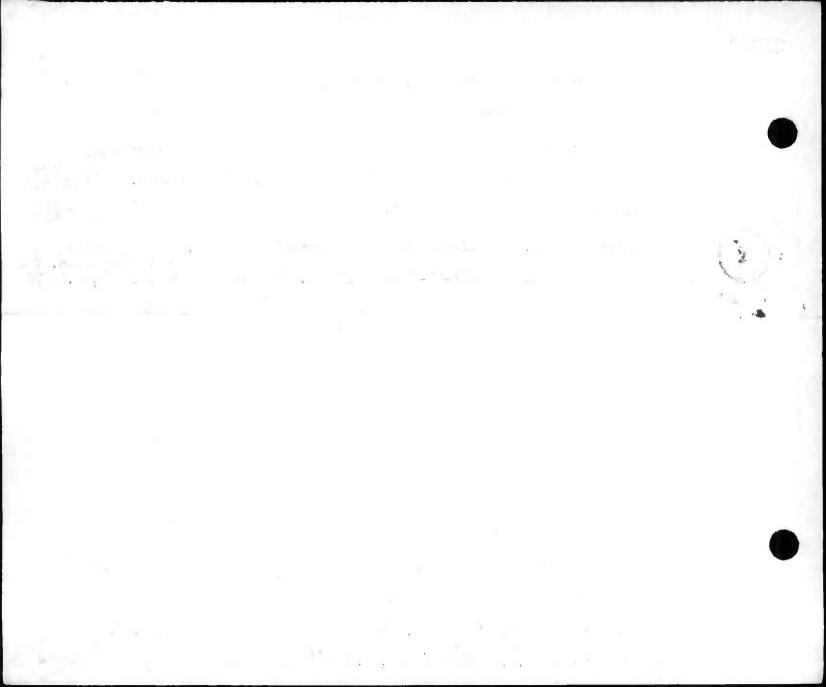
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	STATE				3.2
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
CE	RTIFI	CATE	OF	DEATH	

1.	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG		, , , ,	<i>K</i> :
1.05		MIDDLE		AST	REG. NO.		
	CEASED NAME FIRST GEORGE	-	Lin	achach	26. DATE OF DEATH MON	27 85	11-45
3 SE		RACE	5. DATE C	BIRTH	6 AGE (IN YEARS LAST BIRTHDAY		IF UNDER 24 HRS
	MALE	WATE	MONTH		79		HOURS MIN.
	RTHPLACE (STATE OF FOREIGN	TE CITIZEN OF WHAT COL	UNTRY? 8	- District transfer [7]	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
	D. C	USA	WIDOWE	D NEVER MARRIED DIO		Manhaaman	
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME	OR OTHER INSTITUTION		Montgomery	MD.
	MONT'	11901 0	A AVE	55,740	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOR Ass't Vice P		avings an Bank
13a S	AL RESIDENCE (IF NURSING HOME OR COTTAGE 136 COUNTY)			13d. INSIDE TTY LIMITS?	13e.STREET ADDRESS ZIP	code Kind.	#1-2
14. FA	ATHER'S NAME	AIDDLE		TS MOTHER'S MAIDEN NAM			
	0		AST	FIRST	WIDDLE	(AST	
Iño V	VAS DECEASED EVER IN U.S. ARA		ebach AL SECURITY NO.	Josephin 17 INFORMANT		Bauma	
	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			8	87 Clopper	Rd. T-2
	Yes WW.	II 579-	01-5135	Helen F. Lin	gebach Gait	hersburg Mo	1.20878
	18 CAUSE OF DEATH (Enter only	y one couse per line for (o)	, (b), and (c)	47 -	2 /	APPROXIMA BETWEEN ON	ATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSED	E CAUSE (D) After	LOTA CANA	ru prostane c	- uneTackasi 1	1 1/2	ley.
	IMMEDIATE			liven + 15	1. 4.6		7 00
		DUE TO, OR AS A COI	NSEQUENCE OF	200-4/1 1 0/	nes.		
	Conditions, if any, which	(b)		V			
	couse (a), stating the	DUE TO, OR AS A COL	NSEQUENCE OF				
	underlying couse lost.	(c)					
	PANT 2. OTHER SIGNIFICANT CO		NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF MODITIO	N GIVEN IN PARIM (II	
Z	archite rell	Aluc Am	WIM as he	· dun	unha mais	Tuesday .	
MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTØPSY? 20b.	IF YES, WERE FINDING	SC LISED
FIC	DATE OF CITATION	/// CONDITIONING	WINCH OF ERRITO	THAS TENI ORMED	IN	CERTIFYING CAUSES O	F DEATH?
E					YES NO	YES	NO 🗌
Ü	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
ğ	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
×	WHILE NOT WHILE	(AT HOME STREET FACTORY	OFFICE FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK		-111	P3	8/27	ST	
	22a 1 certify that (1) (this hospita	al) offended the deceased	Total States	. 19	to		iat (I) (we) lost
	sow the deceased alive on_ above, (1) (we) (did) (did not	view the body ofter death	19 00	nd thisk in (my) (our) opinion o	death occurred on the date or	nd hour and from the ca	iuses stated
	22b. SIGNATURE	1 01		DEGREE		220 DATE SI	IGNED C
	Illu	e, cos	as.	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	8/2	-8/05
	224 PHYSICIAN' NAME (TYP) OR	PRINT)		22e ADDRESS /77	(REDLAND	MARI	
	RILLE	C, C250	n 111 -	21-12/11/11	AD MAD	25017	
	100011010			100000	P, July	-0/ 10	
	SURIAL, CREMATION, REMOVAL	236 DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Burial	8/30/185	Mt. Oli	vet Cemetery	Washington	, D. C.	STATE
24. FL		276				REGISTRAR'S SIGNATUR	RE
G	Asabell Sands artner Sandison	F.H. Gaith	E. Diamo	id. 20877 SEP (3 1095 Adia	Davidson-Rand	Affect to



STATE OF MARYLAND

4002	3 /	1-	STATE REGISTRAR	ME	DICAL EXAMINER	R'S CERTIFICATE C	F DEATH REG. NO.	
	*		CEASED NAME FIRST	/	MIDDLE	LAST	20 DATE KNOWN MONT	H DAY YEAR 26 HOUR
ASE OR LES.	EET,	2.00	Wild	2/	Margaret	L15/301	DEATH MATED CL	en 17,19 89 - 10 1
H DEG	STR	3 SE)	A RACE	5. DATE OF BIRTH	LAST RIRTHDAY	MONTHS DAYS HOURS	24 HRS. 20 DATE PRONOUNCED DEAD	17 10 04
ALC: A		70. B	RTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?		9 BALTIMORE CITY OF SOU	NTY OF DEATH
5500	1	FC	REIGN COUNTRY)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MARRIED NEVER MARR	11 . 4/	CAM TOWN
27.00	377	H C	Virginia TY OR TOWN OF DEATH		SPITAL, NURSING HOME, O		120 USUAL OCCUPATION (TYPE OF ASE	12b. KIND OF BUSINESS
PAGE PAGE	100	L	157, Spa		ACILITY GIVE STREET ADDRESS)	. 11.2.	FOR MOST OF WORKING LIFE) Seamtress	Self Empoyed
. 352	1/0				IVE RESIDENCE BEFORE ADMISSION			11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
2 6	1		TATE 13b COUP	4	Washington,	DC 3d INSIDE CITY LIMITS?	1908 Florida Ave	N.W.
M NAME	10	VA. E	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST
M SEA	2001		John	Robert	Liskey	Ann	Elizabeth	Spitzer
PACE PACE	ON ON	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY N		2603 Rand	lolph Rd.
ALI SIVE TH	Sign		N/A	N/A	226-10-6540	Clara McGa	ha-niece-Silver Sp	ring, Md. 2090
T. T.			18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE		e for (o), (b), and (c).)		1.1 5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N H H	AL ERV			TE CAUSE (o)	Don be	Myoca	Idizl Vic	
N 2 N	A A A A			DUE TO, OF	R AS A CONSEQUENCE OF		1 1 1 1 1 1	
PR CHE	REA AN		Conditions, if ony, which gave rise to immediate		DAVONIC	Myoczu	d12/ 1/151	1 Vrix
W WEN	S. E. H		couse (o) stoting the <u>under</u> lying cause last.		R AS A CONSEQUENCE OF	-	The second secon	
8 5ZX	N O O		Tyring Coose tosi.	(c)				
D BE EXECUTED BE EXECUTED WEDICAL	AAA ATA		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PA	RT I (a).	
S MONEY	AS A LITH	ON ON	None)				
NI R	OF F	13	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED?		2D AUTOPSY?
NE SEC		CERTIFICATION	100ng					YES NO NO
OF ATE THE	O W O	CER	210 EXTERNAL CAUSE WAS	216 TIME O	FINJURY M. MONTH DAY YEAR	21c HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)
NO PIT OF	S A S	S	CONTRIBUTING CAUSE OF					
VISI	PR	MEDICAL	21d INJURY OCCURRED WHILE IN NOT WHILE IT		OF INJURY (AT HOME.	PIF. LOCATION STREET	CITY OR TOWN	COUNTY STATE
WRI AR	A A C	1	AT WORK AT WORK					
R. TI	E ST.		220. I certify that I took char	ne of the remains de	scribed obove, held on	Autopsy , Inspection	Inquiry . and in my	ODINION.
- MSE MI	O T N			ral couses	Accident . Suicid		Undetermined manner .	opinon-
SH C	ARY ARY				Acceptant 1923, Solicio	TITLE (SPECIFY)	ondetermined mariner,	
905	Σ. Σ		ACTUAL SIGNATURE	5/10	anna	40 1700	MEDICAL EXAMINER SIGN	Dre 181983
25	858 V	1	7	V	01		EMEDICAL EXAMINER SIG	New of the same
A DESCRIPTION OF THE PERSON OF	201		EXAMPLER'S NAME J	ohn S. Ro	gers, DME	ADDRESS 191	9 Seminary Road, S	.S. Md.
ZEE2	044 4	23a.B	JRIAL, CREMATION, REMOVAL		23c. NAME OF CEMET		23d LOCATION	DUNTY STATE
18/ BP	9			Aug. 21,	1985 New Hop	e Cemetery	Harrisonburg	VA.
5M/	1.17	24. F	INERAL DIRECTOR	- ADDRES	11800 N.H.	Ave., 250 PATE	REC'D BY REGISTRAR 256-REGISTRAR'S	
(VR A15	ME (5))	H:	ines/Rinaldi Fu	neral Hom	^e Silver Spri	ng, Md. AU	0 4 3 1965 June 1960	door-Novara-

the funeral director, page 3 d within 72 haurs after death

FOR - STATE REGISTRAR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

CERTIFICATE OF DEATH

REG. NO

	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOU	R		
(TYPE	Mary	I.	Li	ttle	August 20, 1	.985 3:3	0A		
3. SE>		4 RACE	5 DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER	24 HR		
	Female	Caucasian		ch 15,1891	94 YRS	MONTHS DATS HOURS	MIN		
7a BIF	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT				
_	w York	United States	WIDOW	DIVORCED	Montgomery C	County	٨		
B	ty or town of DEATH ethesda	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Bethesda Hea	1th C		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING I HOmemaker	126 KIND OF BUSINE INDUSTRY Own Home			
13a S	STATE 136 COU	or other institution give residence befor INTY 136 CITY OR TOV tgomeryChevyCh	VN	134 INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP COD 4716 Bradley		315		
1 _	THER'S NAME	MIDDLE (AST		15 MOTHER'S MAIDEN NA	WE	LAST			
	Ezra	T. Johnco		Emma		Innes			
NČ	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECULAR WAR OR DATES 1579-28-		Janet M. W	alther, same	as #13	3		
	PART I. DEATH WAS CAUS	18 CAUSE OF DEATH (Enter only one couse per line for io), ib), and ic) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest							
NO	couse 10 , stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0								
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH			N WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT 'ES NO	H?		
	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART ?)	١.,		
MEDICAL	21d 'INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.	FARM ETC)	211. LOCATION STREET	CITY OF TOWN	COUNTY 51	TATE		
	27a I certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did) (did	n August 7	May 85	19 19 /2 nd that in (my) (aur) apinion (to August 20 death occurred on the date and ho	, 19 <u>85</u> , that (I) (v	ve) lo		
	- Walk	220 DATE SIGNED 8/20/85							
	CONTRACTOR AND	Goozh, M.b.	/		Shorefield Ration, Maryland				
	urial, cremation, removal Bürial	Aug.		EMETERY OR CREMATORY Hill Cemete	23d LOCATION	COUNTY	TATE		
HC	omes, P.A. Be	rt A. Pumphrey	Fund	eral 250 DAT AUG	REC'D. BY REGISTRAR 255 REGIS				

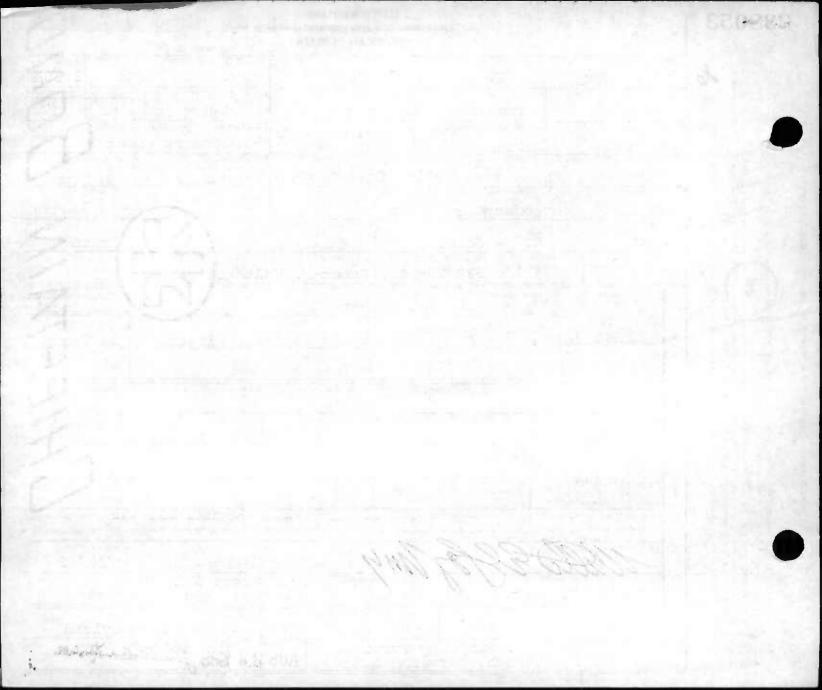
DHMH - 16 60M 7/8-(VRA 15, 4)

should be detached for use os the burial-transit permit. Then please remove carl with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

retained by the hospital or offending physician.

BP.

TO FUNERAL DIRECTOR:



249036

ral director, page 3 72 haurs ofter death TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detoched for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. IMPORTANT: If them 21 is marked or them 18 straws any ATTENDING PHYSICIAN:

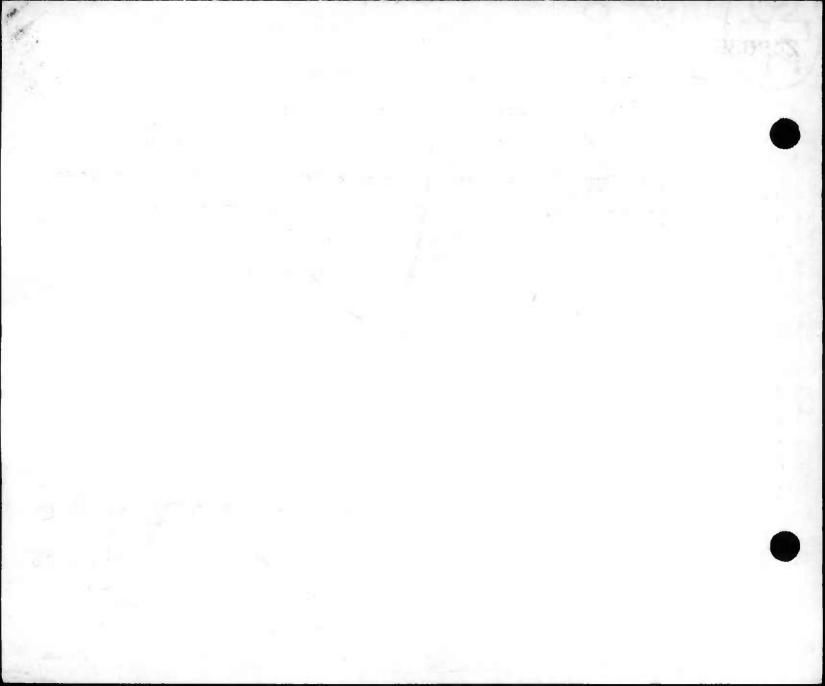
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR TATE REGISTRAR	DEPART		EALTH AND MENTAL HTG ICATE OF DEATH		0 / /	
1	I DECEASED NAME FIRST	WIDDIE	t.	AST	20 DATE OF DEATH MONTH	DAY YEAR 2	HOUR
4	Rebecca	Н.	Loc	chstampfor	SEG. NO. SET AND THE SECRET ADDRESS / 20 AUTOPS ADDRESS END ADDRESS		
1	3. SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	" GLIDEN LIE PIN	0.10111141111
ı	female	white	11		T INS		Mild.
	To BIRTHPLACE (STATE OR FOREIGN COUNTY)	76. CITIZEN OF WHAT COUNTRY?	MARRIEI	D NEVER MARRIED	-111		
			WIDOWE				
1	Takoma Park, Md	IN HOT IN SUCH FACILITY, GIVE STREET		TING USUAL OCCUPATION THYPE OF WORK FOR MOST OF WORKING HOME Maker	THE INDUSTRY		
1	USUAL RESIDENCE HENURSING HOLE	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	_	1		
	Maryland P.	G. Adelphi		YES NO XX			
1	M FATHER'S NAME	MIDDLE LAST	D			1251	D
	Gustavas	Clark		Mary	more.	Brown	
)	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 1612SP71AUSECL	5062	17. INFORMANT	ADDRESS		
-		N/A SASXBAXO	990	Edgar Lochs	tampfor same as		
1	18 CAUSE OF DEATH (Enter of	only one couse per line for (o), (b), on ED BY:	id ici	- 1		APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
ı		ATE CAUSE (0) CONCULT	100	urrest			
1		DUE TO, OR AS A GONSEQU	ENCE OF		1		
	Conditions, if any, which gove rise to immediate	(b) Product V	0/6	oroung	conteny desco	20	
	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF	1	ed		
		(c)					
		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110	
-	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY 20b IF	YES, WERE FINDING	S USED
1	Seven Ox 19a DATE OF OPERATION	,		•			
	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR			
9	OR CONTRIBUTION CALLS OF D		AY YEAR				
	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OF TOWN	COUNTY	STATE
ı	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)	2 (MEE.)	- CHI OKIOWA	_	31616
		pital) attended the deceased from_	15 -			. 19.85 , the	ot (1) (ve) hst
	sow the deceased alive of obove (ii) (we) (did) (did n	not) new the body efter death.	85, or	nd that in (our) opinion	death occurred on the date and h	nour and from the co	uses stoted
	216. SIGNATURE	000		DEGREE	MEDICAL STAFF	22c. DATE SI	GNED
-	alle	ly of	W			10-21	10
	220 PHY SICIAN'S NAME (TYPE	OR PRINT)		The ADDRESS	and Dlive W)	0 0 -
	John Ki	WITTIN)			2090)
	230. BURIAL, CREMATION, REMOV	12 23b. DATE 23c.	NAME OF C		23d LOCATION	2090)
	John Kin			EMETERY OF CREMATORY rge Washington	23d LOCATION CITYOR TOWN Adelphi Pa	rince Geor	ge Md
	230. BURIAL, CREMATION, REMOV (SPECIFY) BURIAL 24 FUNERAL DIRECTOR		5 Geor	EMETERY OR CREMATORY TO GE Washington 250 PA	1234. LOCATION CITY OR 10WN Adelphi Pr LE REC'D. BY REGISTRAR 1256. REG	county cince Geor distrar's signatur	ge Md

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR STATE REGISTRAR

CTATE OF MADVIAND

STATE OF MARTEAND	Sent was
EPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATI	

						REG. N	IO.				
	ECEASED NAME FIRST	I	MIDDLE	l.	AST	20 DATE OF DEATH	MONTH	OAY YEAR	26 HOL	JR ., -	
	Irvin	A1b	ert	Loose		August 8	, 1985	5	12:3	15а м	
3. SE	X	I. RACE	ATTEN I	5 DATE C		6 AGE (IN YEARS LAST BI	RTHDAY	IF UNDER 1 YEAR	IF UNDER	24 HRS	
1	Male	White			23, 1926 YEAR	59	YRS.	MONTHS DATS	HOURS	MIN.	
70. B	SIRTHPLACE (STATE OR FOREIGN)	6 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	-		
	arvland	USA		WIDOWE		Montgom	erv Co	ounty.		MD.	
		1. NAME OF		G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126. KIND C	F BUSINE		
b,	Bethesda		HEACILITY, GIVE STREET A The Clini		enter	Security	Mon	teomer	v Wa	rd	
JsU	IAL RESIDENCE (IF NURSING HOME OF	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	-			Roll+			
	faryland IN COUN	ry	Baltimor		13d. INSIDE CITY LIMITS? YES X NO \(\)	13e STREET ADDRESS 2729 Nor		E		21230	
-	ATHER'S NAME		Dartimor	E	15 MOTHER'S MAIDEN NA		CHSHTI	LE DI.,		.1230	
V		HODLE	Loose		Carri	HIDOLE		Stum	T.		
160.0	Frederick VAS DECEASED EVER IN U.S. ARA	ED EODOES2	16h SOCIAL SECUI	DITY NO			ESS O		eth.		
1	YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)				Loose, ASB		. B, Kt.	В,		
-	Yes W.W.		216-20-5		Box 57C, Law	ton, Uk.	/3501				
Ī	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one couse per						BETWEEN	MATE INTER	DEATH	
	IMMEDIATE CAUSE (0) Cardio respiratory arrest										
		DUE TO, O	R AS A CONSEQUE								
	Conditions, if ony, which	(b)	Renal fa:	ilure				2 we	eks		
1	gove rise to immediate cause 101, stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF							
1	underlying couse lost	((c)	Chronic 7	obstr	uctive pulmon	ary disease	<u> </u>	104	10 yezrs		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE										
O	Coronary artery disease										
1 8	190 DATE OF OPERATION	19h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI			
E						YES NO		ES 🖅	NO [
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME O		V VEAD	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART OR PART 7)			
	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.	M. MONTH DA M	T TEAK							
MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION			. Constitu			
¥	WHILE NOT WHILE AT WORK	(AT HOME STE	REET FACTORY OFFICE FA	RM, ETC.)	STREET	CITY OF TO	JWN	(OUNTY	3	STATE	
1	22a certify that (X (this haspite	al) ottended th	e deceased from J	anuar	y 25 1084	August	8,	10 85	tha ^X II (we) last	
	sow the deceased alive on above, (K(we) (did) (KKX	Augu	st 8 19 8	5or	id that in Xiy) (our) opinion (ui and Irom the			
	TH SIGNATURE				DEGREE			22c DATE	SIGNED		
	Juan 5	enes	M.	0	ATTENDING PHYSICIAN [MEDICAL STA		Augus	st 8,	, 198	
1	276 PMYSICIAN'S NAME (1YPE OR PRINT) 276 ADDRESS National Institutes of							of Heal	th		
	Dwaine R. Riev	es. M.D			Clinical Ce						
23a	BURIAL, CREMATION, REMOVAL	236 DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION	.oua,	170. 202	0.5		
	(SPECIFY) Burial	8-12-			lawn Cemt.	Howard	Co.	couMar	ylan	nd	
74 F	UNERAL DIRECTOR				3.6.3	E,REC'D. BY REGISTRAI	25h REGIS	TRAR'S SIGNAT	LIRE		
	Cully Funeral	Home.	130 ADPRESS TO							00	
170	CATTA TATIOTAT	7701110	100 710 1			- U 1000	-	VILLONY	Mouthon	and the same	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physicing should be detached for use as the buriol-transit permit. Then please remave carbon popertwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, it

		730745
	±4 ± 4	

poge 3

should be detached for use as the buwith the State Dept. of Health and M. TO FUNERAL DIRECTOR. After

MPORTANT: If Item 21 is morked or

DHMH - 16 60M 7/B4

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

- 1							REG. I	40			
1		CEASED NAME FIRST	, "	IDDLE	1 11	ST	20 DATE OF DEATH	MONTH DA	YEAR	26 HOUR	?
1	(11142)	JOH	1	6	1	ORZ		8 /7	z 85	1:2	OM.
1	3. SEX		4. RACE	5.	DATEO	F BIRTH	& AGE (IN YEARS LAST B		F UNDER TYEAR	IF UNDER ?	A HRS
		Male	whit	e	Jan.	30 1903	82	YRS	ONTHS DAYS	HOURS	MIN
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	VHAT COUNTRY? 8	AA A DDIE D	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	- 1	114
7	I	Delaware		SA N	IDOWE	DIVORCED [MON	TGO		RY	MD.
4	III. CIT	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING I	HOME O	R OTHER INSTITUTION	MYPE OF WORK FOR MOST	OF WORKING LIFE)	126 KINDO	atheg	318
9	311	UR SPRING	HOU	y Cro	185	HUSPITC	we maker	Retire	d Ir	nstit	ute
	13a S	TATE 1136 COUP	omery S	I ESIDENCE BEFORE ADA 131 CITY OR TOWN 11ver Spri		13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 705 Ritch:	/ ZIP CODE		209	902
d	14 FA	THER'S NAME				15 MOTHER'S MAIDEN NA			,		-
		(unkno	wn)	LAST		FIRST	(unknown)		LAST		156
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURIT		17 INFORMANT	ADDI				
1	, ,	N/A	N/A	79-40-9570	,	Katherine E.	. Lorz-wife-	-(same a			
1		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one couse per l	ine for (a), (b), and ic	11	1 . 2.6			BETWEEN O	MATE INTERV	VAL
		IMMEDIATE CAUSE (0) CARDIO PULMONARY FAILURE								MIL	V
			DUE TO, OR	AS A CONSEQUENCE	EOF				1 7	Tall	1<
		Conditions, if any, which	(b)	SEPTIC		1/A			0	PHY	7
1		gove rise to immediate cause (a), stating the		AS A CONSEQUENC	EOF				0	mon	1
		underlying couse last. (CARCINOMA OF URINARY BLADDER									()
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
4	CERTIFICATION	CARCINOM A OF ASCENDING COLON 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? 1206 IF YES, WER									
И	IC.A	190 DATE OF OPERATION		A		1	20a AUTOPSY?		WERE FINDIN		
	RTI	7/25/85	CARCI		COL		YES NO NO	YES		NO 🖺	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	T COMPAND A A	A. MONTH DAY	YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF IN	URY IN ITEM 18 PAR	et I OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.A		19						
	AED	21d. INJURY OCCURRED	21e PLACE C	OF INJURY ET, FACTORY, OFFICE, FARM	ETC }	211. LOCATION STREET	CITY OR T	OWN	COUNTY	57	ATE
		AT WORK AT WORK									
1		220.1 certify that (I) (this hospi	111201	deceased from	1/0	74785 , 19	, to8/17	185 19		that (I) (w	
		saw the deceased alive on above, (I) (war (did) (did no	H-view the body o	ofter death.		d that in (my) (aut) opinior	death accurred on the	date and hour o			ted
		22b. SIGNATURE	14	- m	m	DEGREE ATTENDING	. MEDICAL ST.	AFF	221. DATE S	SIGNED	
		Jaroc	10/1	lave,	FF	PHYSICIAN	DIRECTOR PHYS	ICIAN	0//	1185)
		22d. PHYSICIAN'S NAME (TYPE		1/2		22e ADDRESS					
		Harold	S. Tidl				La Ave., Sil	lver Sp	ring, M	id.	
	23n B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		COUNTY	51	ATE
		Burial	Aug. 21	, 1985 Gat			Silver Sp		Montgor	nery	Md.
		nes#Rinaldi Fun	eral Hom	11800 N.		ive.,	TE REC'D. BY REGISTRA	R 25 REGISTA	ARIS SIGNO	AT A CO	2
		ico, italianan Tuli	CIGI HOM	Silver S	prin	ng, Md.	IG 2.0 1985	Hieron ton	o females, a		9



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FOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

REGISTRAR				CERTIF	ICATE OF DEATH	REG	. NO.		
1. DECEASED NAME	FIRST		MIDDLE	ı	AST .	2a DATE OF DEATH		DAY YEAR	
	Joh	\mathbf{n}	Michael	1.	yons	August	19 1	1983	10:45 MA
male		4 RACE White		5. DATE O		6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DA	
70. BIRTHPLACE (STATE COUNTRY) Illinois	OR FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D XXNEVER MARRIED DIVORCED	Montgo:	Y OR COU		MD.
Olney		Möntg	omery "Ge	enera	or other institution al Hospital	Ret. Plat			Govt.
USUAL RESIDENCE (# N 130 STATE Mary Land	136 COUP Mon	other institution of the transfer of the trans	Olney	ADMISSION)	13d INSIDE CITY LIMITS? YES X NO	136.STPFETOADDRE	ss / zip c afaye	tte Dr.	20832
James	Jo	seph	Lyo	ns	Is, MOTHER'S MAIDEN NA Catherin		E	Wa	ilsh
(YES NO OR UNKNOWN)		MED FORCES?	321-18-9		Virginia Lyc		oress same	as 13e)	
Conditions, if a gave rise to cause (a), strunderlying co	immediate ating the use last.	(b) DUE TO, O	R AS A CONSEQUE	ENCE OF	Solopothe	Ď (fulmi	My F	10 2	YRS
PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS					NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF	FYES, WERE FIN ERTIFYING CAUS YES	DINGS USED
OR CALIBRATICAL	CAUSE OF DE	HOUR A		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	A 18 PART I OR PART	2)
WHILE NO AT WORK	URRED		OF INJURY HET FACTORS OFFICE I	3 . /.	21f LOCATION STREET	CHAC	OR TOWN	COUNTY	STATE
226. SIGNATURE	eosed alive on	rechlo		8/5.0	nd that in (my) (and opinion DEGREE ATTENDING	/	TAFF		the couses stated TE SIGNED
22d PHYSICIAN'S	18 E.	Nooly	y ly n				81H 4164(monda	25932
230 BURIAL, CREMATIC	N, REMOVAL	8-21-1	985		EMETERY OR CREMATORY	23d. LOCATION	N . C	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR After should be detached for use as with the State Dept of Health

IMPORTANT: If He

24. FUNERAL DIRECTOR 24 FUNERAL DIRECTOR 11800 N.H. Ave. Hines Kinaldi Funeral Home Silver Spring, Md.

Silver Spring Montgomery Gate of Heaven Cemetery

Md.

250. DATE REC'D. BY REGISTRAR 25), REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTME

2	3	3	d	-
0.50				

TERTIFICATE OF DEATH	GIENE				
ERTIFICATE OF DEATH	REG. N	10			
LAST	2a DATE OF DEATH	MONTH	DAY	YEAR	7

	DECEASED NAME (TYPE OR PRINT)	Ruth	MIDDLE	Macdo	nald	Aug. 4, 198		26 HOUR 9:45 PM	
3	3. SEX	4 RAC		5. DATE C		6 AGE (IN YEARS LAST BIRTHI		IF UNDER 24 HRS	
	FEMALE		WHITE	MA		93	YRS MONTHS DATE	HOURS MIN.	
9 1	NEW YOR	Control Control	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR Montgomery	CO.	M	
9"	Olney		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVES TREET ADDRESS! Hospital			120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) RET-TEACHER PUBLIC SO			
	USUAL RESIDENCE (IF N 13a. STATE Md.	13b COUNTY MONTGOM	13c CITY OF		13d INSIDE CITY LIMITS? YES M NO [3563 S. LE		20906 BLVD.	
0	4 FATHER'S NAME FIRST RALPH	WIDDLE	DAV		15 MOTHER'S MAIDEN NA FIRST JENNIE	ME MIDDLE	REESE	ī	
/ 16	60 WAS DECEASED EV (YES, NO OR UNKNOWN)	ER IN U.S. ARMED F	R DATES)	SECURITY NO. 2-7970	DAVID MACDO	POC	4125 GREAT KVILLE, Md.	OAK DR. 20853	
	18 CAUSE OF DEATH Enter only one couse per line for (0), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardiores piratory Arrest S minu								
	Conditions, if o	5	7 de4						
1	gove rise to immediate couse (a), stating the underlying couse lost (c) DUE TO, OR AS A CONSEQUENCE OF plefastatic caucinome. (c) Veats								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1								
		GNIFICANT CONDI	THE CONTRIBUTION						
3			b. CONDITION FOR W		n was performed	20g AUTOPSY?	10b. IF YES, WERE FINDIN N CERTIFYING CAUSES YES	IGS USED	
	19a DATE OF OPEN	RATION IS		/HICH OPERATIO		20a AUTOPSY?	N CERTIFYING CAUSES YES	IGS USED OF DEATH?	
-	The DATE OF OPEN 190 DATE OF OPEN 21d. ACCIDENT WAS I GIFETHER NOTIFY M 21d. INJURY OCCU	RATION IS	b. CONDITION FOR W b. TIME OF INJURY HOUR A.M. MONTH	/HICH OPERATIO H DAY YEAR 19		20g AUTOPSY? YES NO.	N CERTIFÝING CAUSES YES NITEM 18 PART I ORPART 2)	IGS USED OF DEATH?	
-	TIG. ACCIDENT WAS IN OR CONTRIBUTING GIF EITHER NOTHY MAIN AT WORK AT	UNDERLYING 21 CAUSE OF DEATH EDICAL EXAMINER) URRED 21 WHILE 31 WORK (I) (This hospital) of	b. CONDITION FOR W. b. TIME OF INJURY HOUR A.M. MONTH P.M. e. PLACE OF INJURY	H DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY OF TOWN	N CERTIFYING CAUSES YES NITEM 18 PART I ORPART 21 COUNTY	AGS USED OF DEATH? NO STATE	
-	21a. ACCIDENT WAS IN OR CONTRIBUTING (IF EITHER NOTIFY M AT WORK AT WORK) 27a. I certify that sow the dece above. (I) (we 27b. SIGNATURE	UNDERLYING 21 CAUSE OF DEATH EDICAL EXAMINER) URRED 21 WHILE 31 WORK (I) (This hospital) of	b. CONDITION FOR W. b. TIME OF INJURY HOUR A.M. MONTH P.M. e. PLACE OF INJURY IT HOME STREET, FACTORY, O tended the deceased for Page the body ofter death.	H DAY YEAR 19 OFFICE, FARM, ETC.) from 15 19 85, or	21c. HOW INJURY OCCUR 211 LOCATION STREET 19 8 2 19 8 2 19 19 19 19 19 19 19 19 19 19 19 19 19	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY OF TOWN	N CERTIFYING CAUSES YES NITEM 18 PART I ORPART 21 COUNTY 1985 and hour and from the	STATE	
-	27a. PHYSICIAN'S 27d. PHYSICIAN'S 27d. PHYSICIAN'S 27d. PHYSICIAN'S 27d. PHYSICIAN'S	UNDERLYING 21 22 22 23 24 25 25 25 25 25 25 25	b. CONDITION FOR W. b. TIME OF INJURY HOUR A.M. MONTH P.M. e. PLACE OF INJURY IT HOME STREET, FACTORY, of tended the deceased of H. A. 9 The body ofter death. H. B. 9 The body of the death.	H DAY YEAR 19 OFFICE, FARM, ETC.) From 15 19 85, or	21c. HOW INJURY OCCUR 211 LOCATION STREET 19 8 2 19 8 2 19 19 19 19 19 19 19 19 19 19 19 19 19	ZOO AUTOPSY? YES NO STAFF MEDICAL STAFF DIRECTOR PHYSICIA SOPE WOP	COUNTY 19 8 5 ond hour ond from the	STATE that (we) couses stated	

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR W. W. CHAMBERS CO. INC.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE STEVER SPRING, Ma. AUG 1 3 1985

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	name of the			ni kanandi an ar-ly		9, 1
MAR IN					O Section 10 and	

_		FOR
1	-	STATE
		REGISTRAR

233022

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

la	5	J	O	high

	REGISTRAR			CERTIF	ICATE OF DEATH	RE	G. NO.		
	T. DECEASED NAME FIRST	^ T	AIDDLE	Mai	aprides)	20 DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR
	1 SEX Male	4 RACE Caucas:	ian	5. DATE		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 21 HRS HOURS MIN
1	Maryland		States	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CI	1110	YOFDEATH	Y MD.
	10 CITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACHITY, GIVE STREET	OORESS)	OR OTHER INSTITUTION	120 USUAL OCCE (TYPE OF WORK FOR A	AOST OF WORKING L	IFE) INDUSTRY	BUSINESSOR
ì	Maryland Mont		GIVE RESIDENCE BEFORE 136 CITY OR TOWN ROCKVILL	N	13d. INSIDE CITY LIMITS?	1019 Vie		Road. 2	20851
1	14 FATHER'S NAME FIRST Edward	MIDOLE	Magruder		Mary Mary	MID	nes	Leamor	1 1
	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) { IF YES, GI	MED FORCES? VE WAR OR OATES)	166 SOCIAL SECUI 219-03-2		17 INFORMANT Mildred R. Ma		Same as	#13e.	
	Conditions, if ony, which gave rise to immediate cause la stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	DUE TO, OF	redo 6	NCE OF	NOT RELATED TO THE TERM	200 AUTOPSY2	20b. IF YE	VEN IN PART I	NGS USED
7	TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE TIGHT OF THE LIFE EITHER NOTIFY MEDICAL EXAMINE AND CONTRIBUTION OF THE LIFE EITHER NOTIFY MEDICAL EXAMINE AND CONTRIBUTION OF THE LIFE EITHER NOTIFY MEDICAL EXAMINE AND CONTRIBUTION OF THE LIFE EITHER NOTIFY MEDICAL EXAMINE AND CONTRIBUTION OF THE LIFE EITHER NOTIFY MEDICAL EXAMINE AND CONTRIBUTION OF THE LIFE EITHER NOTIFY MEDICAL EXAMINE AND CONTRIBUTION OF THE LIFE EITHER NOTIFY MEDICAL EXAMINE THE LIFE EXAMINE THE L	P./ 21e. PLACE (M. MONTH DA	19	216 HOW INJURY OCCUR	RED (ENTER NATURE C	<u> </u>		STATE
	22a L certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no 27b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE)	Aug.	12 after death. 19	85	ATTENDING PHYSICIAN L	MEDICAL DIRECTOR PI	STAFF HYSICIAN	22c. DATE	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Aug17	1985 Pa		emetery or crematory on Memorial Pa	23d LOCATION	ville Mo	on't Mar	ryland:

DHMH - 16 60M 7/84

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban-pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

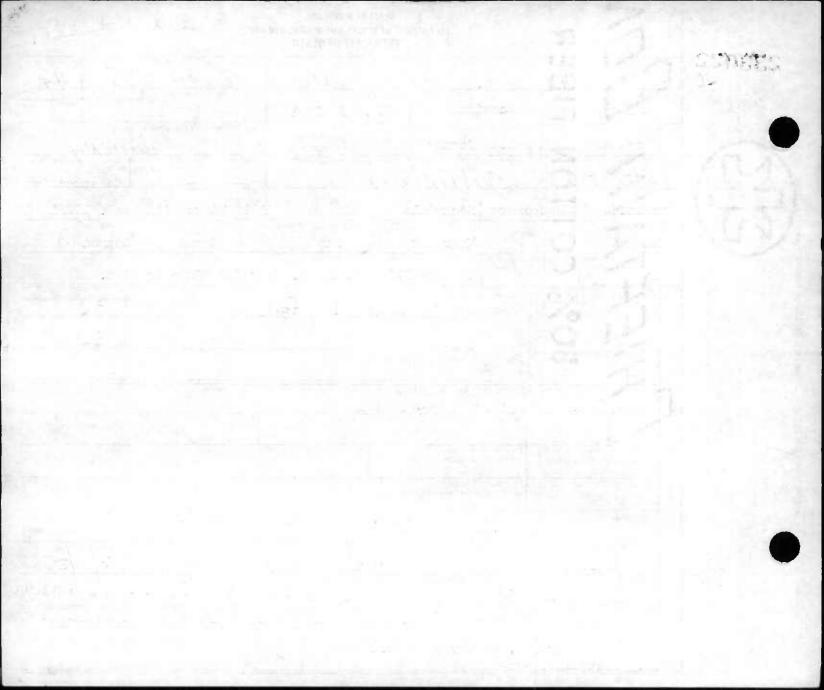
injury, or other troumptic event.

IMPORTANT. If Item 21 is marked or Item 18 shaws any

(VRA 15, 4)

24 FUNERAL DIRECTOR Robert. A. Pumphrey Funeral Homes Rockville, Maryland

AUG 1 9 1985



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in ector, page 3

FOR - STATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending intrastructures should be detached for use as the buriol-transit permit. Then please remove corbon angular with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

retained by the hospital or attending physician.

TO HOSPITAL

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

injury, or other troumotic event in

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

STATE OF MARYLAND CEPTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DE	C	NIC	1

3

REGISTRAR		CENTIFICATE OF DEA	RI	G. NO		
1. DECEASED NAA*: (1YPE OR PRINT) ISADORE		MARIMOW	AUGUST		1985 /	OO AM
MALE MALE	4 RACE WHITE	MAY 16, DATE OF BIRTH	9 YEAR 76	AST BIRTHDAY) IF UI MONT	NOER I YEAR IF UN	NDER 74 HRS
PENNSYLVANIA	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	RCED MONTGON	ITY OR COUNTY OF IERY COUNTS		MD.
SILVER SPRING	HOLY CROSS SHO			UPATION TO ST OF WORKING LIFE)	LOCKSMIT	
	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	PRING 134. INSIDE CITY		RESS / ZIP CODE IIVERSITY 1	20902 BOULEVAR	D, W.
WILLIAM	MARIMOW	IS MOTHER'S M ESTHE		DOLE	PRUSKY	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTION OF THE PROPERTY OF THE PROPERT	892A CLAIR	E R. MARIMOW,	PP139 UNIVE SILVER SPI	ERSITY B RING, MA	KYLAND
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse perfurator (a), b: as SED BY: ATE CAUSE (a)	Ecula fr	bullati	0	APPROXIMATE I BETWEEN ONSET	AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO DE A A PONSEOU	ocos ath	e al Sono de la companya de la compa	condition given	Day Year	>
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORM	YES NO	IN CERTIFYING	ERÉ FINDINGS L G CAUSES OF D NO	
OR CONTRIBUTING CAUSE OF D	ER) P.M.	AY YEAR	RY OCCURRED (ENTER NATURE O	OF INJURY IN ITEM 18 PART I	OR PART 2)	
AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM ETC.) 211 LOCATION STREET	CIT	ORTOWN	COUNTY	STATE
	pital) attended the deceased from 19 and view the bady after death		19 to to orinion death occurred on	the date and hour on		
Vanuel 4	Los	PH1	ENDING MEDICAL YSICIAN DIRECTOR P		DAJE SIGN	105
PAMUEL	Its Col-		ILVER SPRING,	MARYLAND	ITE 307 20902	
236 BURIAL, CREMATION, REMOVA BURIAL	8/18/1985 MC	NAME OF CEMETERY OF CRE DUNT LEBANON C	EMETERY ADEL	PHI, GEORG	E'S	ARYLAND
24 FUNGRALD M. STEIN 232 CARROLL ST	N HEBREW MEMORIAL REET. N. W. WASH	L FUNERAL HOME HINGTON, D. C.	250 DATE REC'D. BY REGIS	TRAR 256 REGISTRAR	S SIGNATURE	02.

24: 11

poge 3 er deoth

within 72 hours ofter

1 and 2 should be filed

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exa

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

ATTENDING PHYSICIAN: The

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND

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2	0	0	3	V

that (I) (WE) last

MD.

EMPLOYED

	1-	STATE REGISTRAR		DEFARIN	CERTIF	ICATE OF DEATH		G. NO.	30	
		CEASED NAME FIRST	≥M	O.	MA	SON	2a DATE OF DEAT	TH MONTH	7. 85	4. P
-	3. SEX	MALE	4. RACE CAUCAS	SIAN	5 DATE O	DAY YEAR	6 AGE (IN YEARS LA	YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
)		RTHPLACE (STATE OR FOREIGN OUNTRY) W • VA •	76 CITIZEN OF	·A •	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CI	TY OR COUNT		M
	1	TAKOMA PARK	(IF NOT IN SUC	INGTON AD	ADDRESS)	ST HOSP*T.	120. USUAL OCCU (1YPE OF WORK FOR M PAPER H	OST OF WORKING		OF BUSINESS OF EMPLOY
2	13a. S	Md. MONT		GIVE RESIDENCE BEFORE 131. CITY OR TOW SILVER S	N	13d. INSIDE CITY LIMITS? YES 🚻 NO 🗌	13e STREET ADDR		IA AVE.	20910
9		THER'S NAME FIRST WILLTAM	MIDDLE	MASON		BLANCHE	MIDE		YOUNG	
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	234-10-	0000	WILLIAM C.			BOX 165 PORT KEN	
		18 CAUSE OF DEATH (Enter or PART I. DE ATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	D BY: TE CAUSE (0) DUE TO, OI	CAR	CINOM DICE OF		LUNG		BETWEEN 2 ha	IMAYE INTERVAL ONSET AND DEATH
)	CERTIFICATION	PART 2. OTHER SIGNIFICANT (NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF Y	ES, WERE FINDING CAUSES	NGS USED
7	MEDICAL CER	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (# EITHER, NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P.: 21e PLACE	M. MONTH DA	19	211 LOCATION STREET		FINJURY IN ITEM 18	E PART T OR PART 2}	STATE
		22a. I certify that (I) (this hasp sow the deceosed alive an above, (I) (we) (did) (did no 22b. SIGNATURE	- 81	19_1	85_, on	that in (my) (our) opinion	death occurred on t	the date and he	0 2	
		22d PHYSICIAN'S NAME (TYPE KIRYLAND C	BRA. BRA	(E	N	ATTENDING PHYSICIAN D	DIRECTOR PH	STAFF HYSICIAN [(8/1)	185

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL BP. 24 FUNERAL DIRECTOR 23b. DATE 8-12-1985 23c NAME OF CEMETERY OR CREMATORY

WASHINGTON NAT'L.CEM

23d LOCATION CITY OR TOWN

P.G.C. SUITLAND 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

one wardson-handelle

Md.

W. CHAMBERS CO. INC.

230 BURIAL, CREMATION, REMOVAL

SILVER SPRING, Md. AUG



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2124

equite that the death certificate be

OR ATTENDING PHYSICIAN, The

TO HOSPITAL

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE

8 2 3

1 -	REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO	D.	
L-DE	CHASED NAME HIST	MIDDLE	LAST	JR.		MONTH DAY YEAR	26 HOUR
/	Danie	Joseph	m	attinatu		8 - 9 - 85	50
1. SE	1	4 RACE	5. DATE OF B	IRTH	6. AGE (IN YEARS LAST BIRT	HDAY) # UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
2	MALE	NHITE	SEPT.	15 1917	67	YRS	HOURS MIN.
70. 89	RTHPLACE (STATE GRIPOREICH	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED &	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
WA	SHINGTON ILC	U.S.A.	WIDOWED	DIVORCED [MONTE		M[
H. CI	TY OR YOWN OF DEATH	11. NAME OF HOSPITAL, NURS! (IF NOT IN SUCH FACILITY, GIVE STREE		THER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 125, KIND O F WORKING LIFE) INDUSTRY	F BUSINESS OR
1/4	KOMA PARK	WASHINGTON	ADVENTIS	T HOSPITAL	HELIRE	D $U.S.C$	TOVT.
	STATE No. COUN		WN 113d	INSIDE CITY LIMITS?	13e.STREET ADDRESS		
VI CA	ATHER'S NAME	GEO. TAKAMA	10	MOTHER'S MAIDEN NA		NTEAL AVE	25982
19-12	FIRST	MIDDE MASTER	1014	FIRST	MIDDIE	C DIAS	70.7
160 V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17	INFORMANT	D/2 7 M ADDRE	SS CSA	VE AC
		E WAR OR DATES)	1274 1	ATHERINI	E A MATT	AIPIY #13	ARNIE
		du ana saura nas lina fas (a) (b) a	032/10	-NIA CILINI	-/10/1/17/1/	APPROXI	MATE INTERVAL ONSET AND DEATH
	PART I. DE ATH WAS CAUSE		and tony	Jadure.		111	INSET AND DEATH
	IMMEDIA	E CAOSE 10)		1			
	Canditions, if any, which	DUE TO, OR AS A CONSECU	ANTAHE	(aremen	MA	a	
	gave rise to immediate	(6)	W/ W/3//-	(00 00 00 00 00 00 00 00 00 00 00 00 00			
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	JENCE OF				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110	3
N O							
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION W	AS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	
TE					YES NO	YES 🗌	NO 🗌
	210. ACCIDENT WAS UNDERLYING CAUSE OF DE	THOUSE A ALL MODERNIA S		c. HOW INJURY OCCUR	RED (ENTER NATURE OF MUE	RY IN ITEM TO PART TOR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LATHOME STREET, FACTORY OFFICE		LOCATION STREET	CITY OR TO	WN COUNTY	STATE
-	AT WORK AT WORK		6.0	9	9.6		
	220.1 certify that (1) (this hasp saw the deceased alive an	tol) attended the deceased from		13	to	ate and haur and from the	that (I) (we) las
	obove (I) (we) (did) (did no	t) view the bady after death.			death occurred an the do		4
	226. SIGNATORE	1.4101 1	DEC	ATTENDING	MEDICAL STAF	27x. DATE	(10)
	MARIONI	Thurst I	<u> </u>	PHYSICIAN [DIRECTOR PHYSIC		918
	MARIN WE	TZ W 750		Way on a	1 Gelens	eat mi)
77	iurial, cremation, removal	23A Lag. 13, 129	85 Ft	. Lincoln	23d LOCATION B1 STORTOWN	urg Rd. P.	G .STATC
14/10]		100 000		b. REGISTRARS SIGNA	Charles Annual Control
.0.	ALTERNATION OF THE O	EAMO HILLOUS	HAMA	1 10 0	THE RESIDENCE OF THE PARTY OF THE PARTY OF		
N	At the second of the	koma Funerals. 4 Carroll St.	MI LI	Inc.	MUG 13 198	D / White the state of the stat	

DHMH - 16 50M 4/83 (VRA 15, 4)

entitions has been somed by the attending physicion and informatil permit. Then please remove carbon papers. Fager

TO FUNERAL DIRECTOR. After this sentilizate has been agreed by the ottending physics hould be detached for use as the trivial-transit permit. Then please remove carbon poper with the state Dept. of Health and Marital Hygiens prior to burnal, cremation, or removal.

12. H. S. W. S. L. THE PERSON WINDOW MAKE HERETT LINGS TO Allyst get actiques in in the self-major than the any SHAVEL I PROTEINGER ELIZABETH CADS NO STATE WAS ENDERED BY WHITH LLY WISHINGS

Sharahis

FOR

- STATE

STATE OF MARYLAND

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Ca	3	1	9	0

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYCIEN
CE	RT	IFICATE	OF	DEATH	

		REGISTRAR								REG. NO.				
	DEC (TYP)	CEASED NAME	eorge		B.	Mc	3ee		20 DATE OF	DEATH MONT	H DAY	-85	2b. HOUR	30
	3. SEX	Male		4 RACF Whi	te	5. DATE O		1927		ARS LAST BIRTHDAY	IF UN MONT	NDER I YEAR	IF UNDER 2.	4 HRS MIN.
2	70. BIF	RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER A	AARRIED -		RE CITY OR CO	UNTY OF			
Z,				U.S.A		WIDOWE		ORCED [omery C				MD.
1	Ta	ty or town of deal		Washin	ospital, nursin heachty, give street gton Adve	address) entist			(TYPE OF WORK	occupation formost of wor Mechani	KING LIFE) !!	NDUSTRY	f BUSINES Laza	
5	13a S	AL RESIDENCE (IF NURSII Tryland	P.G.	VTY	GIVE RESIDENCE BEFORE 136 CITY OR TOW Adelphi		13d. INSIDE C	NO 🗌	10900	DDRESS / ZIP Bornda	code le Dr	ive	20783	3
Ó	4 FA	THER'S NAME FIRST		MIDDLE B	McRee			MAIDEN NAM FIRST Ary	WE	WIDDIE		Cal	lan	
n		AS DECEASED EVER I	N U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT		ADDRESS				
Μ	Ye	s-Army	W.W.	TI DATES)	579-30-2	2407	Cathe:	rine L.	McBee	(Wife)	Same	as l	.3e	
		PART I. DEATH WA	43 CAUSE	nly one couse per D BY TE CAUSE (a)	line for (a)(b), one	×iC	Enceph	alopai	thy			BETWEEN C	MATE INTERVI ONSET AND DI	
		Conditions, if ony, gave rise to imm	ediote	DUE TO, OI		Ra CA	ry 1	typoto	21000	i.		24	HRS	r*
		underlying cause	lost	DUE TO, OF	AS A CONSEQUE	10/0	LMON	my	ARRE	=17		24	- HRS	1_
	NO.	PART 2. OTHER SIGN	IFICANT (CONDITIONS <u>CC</u>	NTRIBUTING TO E	DEATH BUT	not related	TO THE TERM	INAL DISEASE	OR CONDITIO	n given i	N PART TIE)	
	CERTIFICATION	190 DATE OF OPERAT		19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTO		IF YES, WE CERTIFYING YES			
1		210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEA		M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTERNAT	URE OF INJURY IN IT	EM 18 PART I	OR PART 2)		
	MEDICAL	ZH. INJURY OCCURRI	LE 🗍	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATIO	N		CITY OR TOWN		COUNTY	STA	LTE
		220 I certify that (I) (d olive on		7	87	6/8J	, 19 pinion d	to	77 on the date on	19_	I from the d	hot (I) (⇒ last ed
		obove, (1) me (di 27b. SJENA URE	+	view the body	Sanue		DEGREE	TTENDING	MEDICAL	STAFF		22c DATE		_
		220 PHYSICIAN'S NA	ME (TYPE O	DIBI	ANCO	MD	22e ADDRES			7600 (TAI	comp
		URIAL, CREMATION, F	REMOVAL	23b DATE	23c N	NAME OF C	EMETERY OR C	REMATORY	23d LOCA		P	ment,	100	2091
	(Buria:	1	8/10/8	5 Ga	te of	Heaver	Cemet		lver Sp:	ring	Monte	omerv	Md.
	7FT	affelds Casc	h's S	ons Fun	eral Home	, P.A	١.	250 DATE	E REC'D. BY RE	GISTRAR 256 R	EGISTRAR	S SIGNATI	JRE	
	47	39 Baltimo	re Av	enue Hy	attsville	, Md.	20781	AU	613	985	w with	Konn-W	andere.	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phys eshould be detached for use as the buriol-transit permit. Then please remove carbon popular bto to be personed for use as the buriol-transit permit. Then please remotion, or removal with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

morked or Item 18 shows ony injury, or other troumotic event,

MPORTANT: If Hem 21 is

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

33	1 -	STATE REGISTRAR	DEPART		FICATE OF DEATH	TENE REG. N	0.		
,01		CEASED NAME FIRST	WIDDLE	- 1	(AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
10	1.146	Paul	Michael	McCar	thy	August 28	, 1985		1:50 a
	3. SEX		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
-	/ I	Male	White	July	7, 9, 1927 FAR	58	YRS		I TOOKS INTE
12		OUNTRY)	76 CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	F DEATH	
2		nnsylvania	United States	WIDOW	ED DIVORCED	Montgomery	Count	У	M
26		ry or town of death Bethesda	The Clinical			Vice Pres		126 KIND C	ing
35	130 S	TATE IN COUN	other institution give residence before NTY 13c. CITY OR TOW Bala Cyr	/N	138. INSIDE CITY LIMITS?	130 STREET ADDRESS			9999
04	9. FA	THER'S NAME FIRST Joseph	McCarthy	,	15 MOTHER'S MAIDEN NAME FIRST Genevie	WE		annan	ī
9	160 V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDRI	SS		
5	Ye	S NO OR UNKNOWN) WWI	182-20-	4365	Mrs Patricia	McCarthy (Wife)	S	ame
iojary, ar arber	HON		DUE TO, OR AS A CONSEOU CORONAL CONDITIONS CONTRIBUTING TO	Arte	ery Disease	inal disease or con	DITION GIVER	N IN PART)	0
1	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFY		OF DEATH?
8-1-	ERT	August 27,198			21c. HOW INJURY OCCUR	YES X NO	YES		но 🗌
0 /	No.	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D		T.C. HOW HAJORI OCCURR	(SMISH MAIDRE OF INJU	RI INTIEM IS PAR	TORPARIZ)	
hed or he.	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	19	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 is more		22a.1 certify that (1) (this hospi	tol) attended the deceased from August 28 19.8		mber 16, 191983 nd that (nXmy) (aur) apinion (, 10 32-23-31			that [IXwe) la
Bem		SIGNATURE STORY	/ New the budy after death.		DEGREE			22c. DATE	SIGNED
5_/	/	alunger	enclude le	D		MEDICAL STA		Augu	st 28,1
4/	/	ZZZAHYSICIAN'S NAME TING	PRINT)		22e ADDRESS Na	tional Inst	itutes	of He	alth
0/	6	John Kupfersch	nmid, M.D.		Clinical Cen	ter, Bethes	da, Md	2020	5
7		URIAL, CREMATION, REMOVAL SPECIFY) Burial	4,1985 Ca	lvar	y Cemetery	Montgom		COUNTY	STATE
7/B4	24 FL	INERAL DIRECTOR ROBE	RT A. PUMPHREY THESDA, MARYLAN	FUN	IERAL SE	P 3 1985	25b. REGISTR	AR'S SIGNAT	URE and all

DHMH - 16 60M 7/B4

Will also the state of the

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ou) was into

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

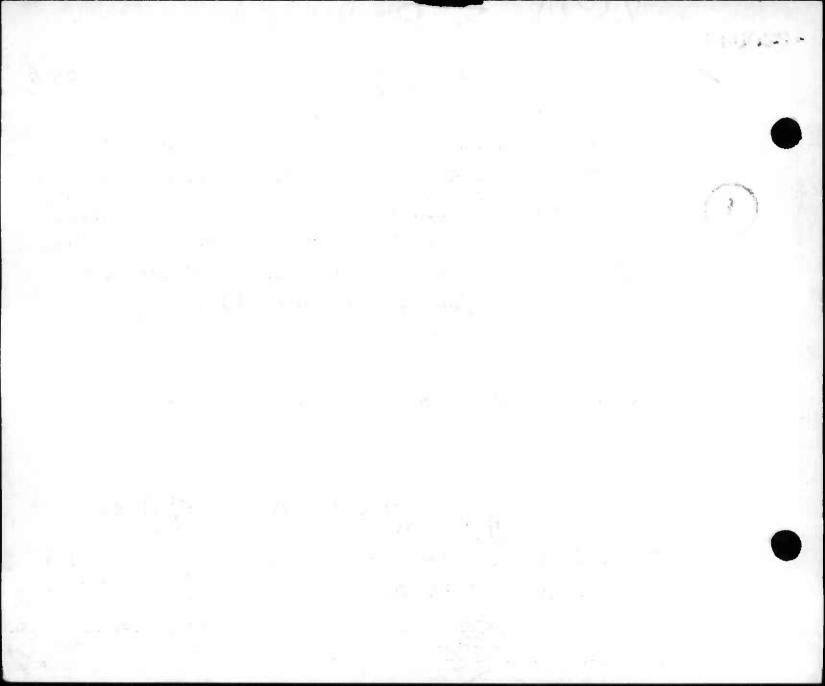
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2	3	0	3	-

ľ	1 -	STATE REGISTRAR		20.7111	CERTIF	CATE OF DEAT	H	REG, N	O.		
1		CEASED NAME FIRST OR PRINT) Saya J		Mc Cl	any	AST		20. DATE OF DEATH	8 DA	85	5.15 Am
Ì	3. SEX	4	RACE		S. DATO	F BIRTH	6	AGE (IN YEARS LAST BIR		UNDER TYEAR	# UNDER 24 HRS HOURS MIN.
1	₂ F	EMALE	CAUCAS	IAN	MAY	26,192	Ô	65	YRS	DATS	MIN.
1		Mary at Mary	CITIZEN OF V	WHAT COUNTRY?	MARRIE	NEVER MARRI	ED 🗆 9	BALTIMORE CITY O	R COUNTY C	F DEATH	
4	_	ENNSYLVANIA	u.s.	. A.	WIDOWE	D DIVORC		MC	NTGON	ERY	MD.
1	J	AKOMA PARK	WASH	INGTON	ADVEN	ROTHER INSTITUTION		120 USUAL OCCUPATI I TYPE OF WORK FOR MOST O RETIF	F WORKING LIFE)	126 KIND O INDUSTRY AMER.	LEGION
4	13e. S		GEORG	13c CITY OF FOR	WYN GHTS	134 INSIDE CITY LIA		3e.STREET ADDRESS			20740 NUE
1	I FA	THER'S NAME	DDLE	LAST		15. MOTHER'S MAIL			0 371	145	ī
4	/	CLINTON	ISSA	AC LIS	TER	MA	RY	E.		SIS	SLER
7		AS DECEASED EVER IN U.S. ARM	ED FORCES?	166 SOCIAL SEC		17 INFORMANT		band ADDRE	SS		
٦		ES, NO OR WHILDOWN) I IF YES, GIVE		579-32	-0944	ELWOOT	D L.	McCLARY	SAME		3
ı		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per	line for (a), (b), ar	nd (c(s) = e) 1 0	. [.	0.1	1		MATE INTERVAL ONSET AND DEATH
1		IMMEDIATE		VLass	110	Intoa e	esci	sol hem	022/09/		
1			DUE TO, OR	AS A CONSEQU	ENCE OF				0		
1		Conditions, if any, which gove rise to immediate	(b)							-	
1		cause (a), stating the underlying cause last.	DUE TO, OR	R AS A CONSEQU	ENCE OF					1	
1			((c)								
	NOI	PART 2 OTHER SIGNIFICANT CO	A PARTIE	u; P	DEATH BUT	Por RELIGIED TO A	HE TERMIN	- Upper	G1 1	3 bedr	ng"
Ì	CERTIFICATION	190 DATE OF OPERATION	M96 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED)	200 AUTQ SY?		WERE FINDIN NG CAUSES	
7	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF	FINJURY M. MONTH D	AV VEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	TORPART 2}	
1	CAL	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	P.A		19						
1	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM ETC 1	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
١	2	AT WORK NOT WHITE			-1	221	0	· · · · · ·	1 4		
1		22a I certify that (1) (this haspita	l) attended the	declased from	211	2/ 19	87		1 15		that (II (we) last
1		saw the deceased alive an abave, (1) (we) (did) (did not)	view the body	ofter death.			opinion de	eath accurred on the de	e and hour o		
,		22h. SIGNATURE	0	hocke		P ATTEN	DING CIAN P	MEDICAL STAI	FF IAN []	22c. DATE	SIGNED 1185
		224 PHYSICIAN'S NAME TYPE OR	· CH	ACKO	MP	22e ADDRESS	500	, 1615, 57	· Sun	G3	p. 20910
1	23u. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c	NAME OF CI	EMETERY OR CREMA	ATORY	23d LOCATION	1	1	2.00110
	15	BURIAL				WASHING		ADELPH	II P	RI GE	O STATE MD
	24 FU	INERAL DIRECTOR FRANC?	S J.	COLLINS	5			REC'D. BY REGISTRAR		S SIGNAL	weekle
	5	O O UNIV. BLVD.	., W., S	ILVER	SPRING	G, MD.	AUG	0 1985	THOU WHITE		a series of the series of

(VRA 15, 4)

POSTANT, 8 b

DHMH - 16 50M 4/83



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	3	5	7	

							KLO. IV	J.		
		CEASED NAME FIRST	٨	AIDDLE	L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
		MARGAR	ET I	M	Mch,	AUGHLIN		8 24	1 85	10:55 AM
3. 3	SE)		4 RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR		FUNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
1		F	CAUCA	SIAN	MONTH	8 45	90	YRS	. DATS	HOURS MIN.
10.			76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9. BALTIMORE CITY C		OF DEATH	
1		IASHINGTON, DC	US	A	WIDOWE		Montgome	ry		M
10		TY OR TOWN OF DEATH			IG HOME O	R OTHER INSTITUTION	120. USUAL OCCUPAT	ION		BUSINESS OR
2 1	ly	ATTSVILLE, MO	CARROL	H FACILITY, GIVE STREET	11	IRSING HOME	Housewife	F WORKING LIFE	Own H	ome
// Us	SUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		La expert appres	4 710 0000	944	44
1	N	one Jacoun	e	Washingt	on Do	YES A NO T	3235 Quesa	da St.	N.W.	
111.	FA	THER'S NAME				15 MOTHER'S MAIDEN NA	ME			
1		ROBERT	MIDDLE	DINE	,	FIRST	MARY F	-	- HOL	= \
160	o V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT DAL	USHIER ADDRI	SS	1100	A
3	(1	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	NONE		KATHIEFA	1/1/1	1- SA.	nEAS1	PROVE
-			lu con sauca par	71	die	MAIALLUN	TIHIVIVI			AATE INTERVAL INSET AND DEATH
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	D BY:	1	ration	4			day	
	1	IMMEDIAT	E CAUSE (a)	usqu	raugy	- Juannioner	<u> </u>		- Cleary	/-3
		William Control	DUE TO, OF	R AS A CONSEOU	1				mare	11
1		Conditions, if any, which gave rise to immediate	(b)	Birk	hagea				one.	7
		cause (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF				1111	
		underlying cause last.	((c)	Senik	t				yes	
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART Ita	
NO	è	My	rutense							
73		190 DATE OF OPERATION /	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
							YES NO	YES		NO 🗌
J 8	3	210 ACCIDENT WAS UNDERLYING	110.10 4	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PA	RT I OR PART 2)	
13	1	OR CONTRIBUTING CAUSE OF DEA	111		19					
g	5	21d INJURY OCCURRED	21e PLACE			211. LOCATION	CITY OR TO) w/bl	COUNTY	STATE
1 2	3	AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM ETC)	SIREET	CITORIC	***		31876
	Н	22a L certify that (I) (this haspi	tal) attended the	e deceased fram_	w	1985	10 24 au	G	9 85 1	hat (I) (we) los
		the deceased alive an	24 au	19	85 , ar	d that in (my) (our) opinion	death accurred on the d	ate and haur		
	7/	abave, (1) (we) (did) (did na 22b. SIGNATURE	1) view the body	after death.		DEGREE			22c. DATE S	SIGNED
		Kah 7	100	17		ATTENDING	MEDICAL STA	FF.	146	2 65
1	Ш	22d. PHYSICIAN'S NAME (TYPE O	Celle	en		22e ADDRESS	DIRECTOR PHYSIC	IAN []	10/0	2900
		Egg. THISICIAN STRAME (TITE	KYKINI,			- ADDRESS				
-			Jan a ve	1 00 .	LAME OF C	FUETERV OR ORE	Invitocation			
23		BURIAL, CREMATION, REMOVAL BURIAL				EMETERY OR CREMATORY	23d LOCATION	C	COUNTY	STATE
-						Heaven Cemet				aryland
1"	100	NEW DIRECTOR ON	111111	l Funera		9 2110.	TE REC'D. BY REGISTRAR	100	-	
L	1	James Us	Wash	nington D	.C. 2	0007 AIR	30 1095	1 carpa	indran Da	ndelle

DHMH - 16 50M 4/83 (VRA 15, 4)

Him figures were the W. Off resignational and services of the

instruction of the same of the The section of the se

FOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 3

REGISTRAR			CERT	IFICATE OF DEATH	REG. NO.		
DECEASED NAME	FIRST		WIDDLE	LAST		ONTH DAY YEAR	2h HOUR
Jame	5	A.	man	nahan	Augus	5+ 5,1985	8:040m
SEX		4. RACE	5. DAT		6. AGE (IN YEARS LAST BIRTHE	DAY) # UNDER 1 YEAR	IF UNDER 24 HRS
Male		Wh	ite Ma	v 13 1910	75	YRS.	HOURS MIN.
BIRTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8		BALTIMORE CITY OR		
Penn.		U.S		NEVER MARRIED WED DIVORCED		Montgomery	7 MD
CITY OR TOWN OF D	EATH		HOSPITAL, NURSING HOM		120 USUAL OCCUPATION	N 126. KIND (OF BUSINESS OR
Rockville	9	Shady	Grave Adven-	List Hospital	Driver Sale		
SUAL RESIDENCE (IF N	IRSING HOME		GIVE RESIDENCE BEFORE ADMISSIO			1000=	
Md.	Mont	gomery	Gaithersbur	YES TO NO	13e STREET ADDRESS / 2		
FATHER'S NAME	[11011	og Other y	T daroner sour	15. MOTHER'S MAIDEN NA	12716 War /	Admiral Way	
FIRST	A 7	MIDDLE	LAST	FIRST	MIDDLE	Cl. No.	.ST
James WAS DECEASED EVI		bert	McMahon 166 SOCIAL SECURITY NO	Lillian 17 INFORMANT	Madeline		
(YES, NO OR UNKNOWN)		GIVE WAR OR DATES)	100			Admiral Wa	
No			164-01-8614	A Eleanor W.	McMahon Gai	thersburg.	Md.20878
18 CAUSE OF DEA	ATH (Enter	only one cause per	r line for (a), (b), and (c).)	,/	D-1		XIMATE INTERVAL LONSET AND DEATH
	IMMEDI	ATE CAUSE (0)	Conges/IV.	e HRAMT	FAILURE		
		DUE TO, O	R AS A SONSEQUENCE OF		1		
Conditions, if or	y, which	(b)	Tschemi	< MEART	DISPASE		
gove rise to i		}					
underlying cou		DUE TO, O	R AS A CONSEQUENCE OF				
		(c)					
		CONDITIONS CI	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDI	TION GIVEN IN PART TO	0
190 DATE OF OPER		JUST CONT	ITION FOR WHICH OPERAT	IONI WAS BEDEODINED	20a AUTOPSY?	206. IF YES, WERE FINDI	MCSHSED
19a. DATE OF OPER	IATION	178 COND	THOR FOR WHICH OPERAL	ION WAS PERFORMED		IN CERTIFYING CAUSES	
					YES NO Z	YES 🗌	NO [
			ofinjury .m. month day yea	AR THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
(IF EITHER, NOTIFY MI			.M. 19	9			
(IF EITHER, NOTIFY M	IRRED		OF INJURY REET FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
WHILE NOT	WHILE VORK	(ATTIOME, ST	REET PACTORY, OFFICE PARM, ETC.)				
220.1 certify that		pital) attended th	ne deceased from	AN 1982	10 AUG 5	19.5 3	that (I) (we) los
sow the dece	osed alive o	n AVG.	5 198-3	and that in (my) (our) opinion	death occurred on the date		
22b. SIGNATURE	(did) (did i	nou view the body	ofter death.	DEGREE		77r, DATE	
1	-11	01.	. 11	ATTENDING	MEDICAL STAFF	01	11/20
	Ste				DIRECTOR PHYSICIA	N D	6/00
224 PHYSICIAN'S	NAME (TYPE	OR PRINT	1 10.11	22e ADDRESS	- 4/	1 , 1	' . /
Sieph	PN	/4e/1m	'AN MIS	6246 MONTA	OSE Rd	(ckulle,	11/1 708
BURIAL, CREMATIO	N, REMOVA	AL 236. DATE	23t NAME O	CEMETERY OR CREMATORY	23d LOCATION		
(SPECIFY) Buria	1	8/10/	185 Holy	Sepulchre Cem.	Philadelph	hia Phil.	STATE
FUNERAL DIRECTOR		10/10/			TE REC'D. BY REGISTRAR 25	A DESCRIPTION OF THE PERSON NAMED IN	TURE
Campbell F	2220.0200	7 Hama	500 E. Benne	T. DO.	in the or more	10 800	30. 2.00
auhoett t	unera	T LOWG	Philadelphia,	Pa.19111	IGHZ HAS	tuber Church	ALCOHOLD STATES

DHMH - 16 50M 4/83

(VRA 15, 4)

The Oracle of the Control of the Con aged Tate loans on 1952 A proposed to be grounded. Annual California and Control (1915) and Control (1915) District of the control of the contr

se . . 115 mantage de la company de la compa

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR

6-	0	Some.	1
R	EG. NO).	

	1	E OR PRINT!			WIDDLE		LAST	20 U		MONTH DAY Y	EAR 126 HOUR
			John		Douglas	M	cMinn	DE	ATH MATED X	8/18 19	85 P.
	3. SEX			5 DATE OF BIRTH	6 AGE (IN YE LAST BIRTHD	AY) MONTH	DER 1 YR. IF UNDER		DATE **	ONTH DAY	YEAR 122 HIS
10			Ihite	Mar. 4,	1908 77 vi	RS.			DEAD	17	85 P.
13	70 B	RTHPLACE (STATE OF ORTER)	a	U.S.A.	HAI COUNTRY?		ED NEVER MARRI	ED 📙	Mont amon		
d	ID. CI	TY OR TOWN OF DE	ATH	11. NAME OF HOS	SPITAL, NURSING HOME	WIDOW E. OR OTH			Montgomer CCUPATION (TYPE OF		
1	1	Silver S		11602	Joseph Mil		d	Ret. S	upprvisor	Rela	alto lerk
1	13a S	L RESIDENCE (IF IN A		other institution, GI Y gomery	130 CITY OR TOWN STIVER ST	oring			Joseph Mi	ill Road	20906
1	1	John		MIDDLE	McMinn		Elinora		WIDDLE	Baine	
1	16a. V	VAS DECEASED EVE	R IN U.S. ARM	ED FORCES? AR OR DATES)	548-09-018		17. INFORMANT Katharine		Rockville, enfield 472		
	(F)	18 CAUSE OF DEA		mark	for (o), (b), and (c).)						MATE INTERVAL
			IMMEDIATE	CAUSE (a)_AC	as a consequence		disease.				
		Conditions, if	any, which	DUE TO, OR	AS A CONSEQUENCE	Or					
		gove rise to couse (a) statin	ig the under-	DUE TO, OR	AS A CONSEQUENCE	OF					
		lying cause los	<u>t.</u>	(c)							
		PART 2 OTHER SIGNIFICA	INT CONDITIONS CO		BUT NOT RELATED TO THE TERM	IINAL DISEASE	DR CONDITION GIVEN IN PA	RT 1/a			
	TION				None			RT 1/a			
1	FICATION	19a DATE OF OPER						RT 1 to		20. AUTO	
1	ERTIFICATION		RATION		None TION FOR WHICH OPER	RATION W.	AS PERFORMED?		OF INJURY IN ITEM 18 PART	YES	
12/3	AL CERTIFICATION	None 216. EXTERNAL CAL	RATION USE WAS	19b. CONDI 21b. TIME OF HOUR A.M	None TION FOR WHICH OPER FINJURY A. MONTH DAY YEAR	PATION W.	AS PERFORMED?		OF INJURY IN ITEM 18 PART	YES	
723		None None 210. EXTERNAL CAL UNDERLYING CONTRIBUTING 2 216 INJURY OCCU	USE WAS OR CAUSE OF DE	21b. TIME OF HOUR A.M	None TION FOR WHICH OPER FINJURY A. MONTH DAY YEAR L. 19 OF INJURY (ATHOME.	21t. HC	AS PERFORMED? OW INJURY OCCURRE None	D ÇENTER NATURE		YES	□ мо 🕅
723	MEDICAL CERTIFICATION	None Right Date of Oper None Right Date of Oper None Right Date of Oper Right Date of Ope	USE WAS OR CAUSE OF DE	21b. TIME OF HOUR A.M	None TION FOR WHICH OPER FINJURY A. MONTH DAY YEAR 1. 19	21t. HC	AS PERFORMED? OW INJURY OCCURRE None	D ÇENTER NATURE	OF INJURY IN ITEM 18 PART	YES	
743		None None 210. EXTERNAL CAL UNDERLYING CONTRIBUTING 2 216 INJURY OCCUI WHILE NO AT WORK AT	USE WAS OR CAUSE OF DE RRED T WHILE	21b. TIME OI HOUR A.M EATH P.M 71e PLACE (STREET, FAC	None TION FOR WHICH OPER FINJURY A. MONTH DAY YEAR L. 19 OF INJURY (ATHOME.	21t. HC	AS PERFORMED? OW INJURY OCCURRE None ATION REEI	D (ENTERNATURE	OR TOWN	YES	□ NO KI
123		None None 210. EXTERNAL CAL UNDERLYING CONTRIBUTING 2 216 INJURY OCCUI WHILE NO AT WORK AT	USE WAS J OR J CAUSE OF DI RRED T WHILE WORK	21b. TIME OI HOUR A.M EATH P.M 71e PLACE (STREET, FAC	None TION FOR WHICH OPER FINJURY MONTH DAY YEAR 1 19 OF INJURY (ATHOME, IORY, FARM, ETC.)	RATION W.	AS PERFORMED? OW INJURY OCCURRE None ATION REEI	D (ENTERNATURE	OR TOWN	YES 1 OR PART 2) COUNTY	□ № Ж
7		None None None In External Cal Underlying Contributing 21d Injury occur While AT Work 22d certify the	USE WAS J OR J CAUSE OF DI RRED T WHILE WORK	21b. TIME OF HOUR A.M. EATH P.M. 21e PLACE (STREET, FACT)	None TION FOR WHICH OPER FINJURY MONTH DAY YEAR 1 19 OF INJURY (ATHOME, IORY, FARM, ETC.)	RATION W. 21t. HC 21t LOC St	AS PERFORMED? OW INJURY OCCURRE None ATION REEI June 1 J	D (ENTER NATURE CITY In	or town	YES 1 OR PART 2) COUNTY	NO X
723		None None 11a. EXTERNAL CAL UNDERLYING CONTRIBUTING 21d INJURY OCCUI WHILE AT WORK 22a. I certify that death resulted Ira	USE WAS J OR J CAUSE OF DI RRED T WHILE WORK	21b. TIME OF HOUR A.M. EATH P.M. 21e PLACE (STREET, FACT)	None TION FOR WHICH OPER FINJURY MONTH DAY YEAR 1 19 OF INJURY (ATHOME, IORY, FARM, ETC.)	RATION W. 21t. HC 21t LOC St	AS PERFORMED? OW INJURY OCCURRE None ATION REEI June 1 J	D (ENTER NATURE	or town	YES 1 OR PART 2) COUNTY	□ мо 🕅

DHMH - 17 (VR A15 ME (5)) 1331 Rockville Pike, Rockville, Maryland 20852

- STATE 240071

FOR

STATE OF MARYLAND DEPARTME

NT	OF	HEA	LTH	AND	MENTAL	ET GIENE	
CE	RTI	FIC	ATE	OF	DEATH		

NO [MOTHER'S MAIDEN NAME

MARTAN

	REG. NO.		É			
	20 DATE OF DEATH MONTH	ZO	VEAR 85	26 HOL	IR SA	
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIVEAR	IF UNDER 24 HR		
-	70 YRS	MONTHS	OAYS	HOURS	MIN	
	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH			

REGISTRAR	() p + { }				
CEASED NAME E OR PRINT)	- 1101	WIDDLE	-	AST	
R	OBERT	LEF N	1ERI	LLAT.	SR.
Х	4 RACE		STANO	F BIRTH	AR
MALE	CAUS	SASIAN	XXXX	12 19	15
HRTHPLACE (STATE OR FO		WHAT COUNTRY?	8 MARRIET	NEVER MARRIE	ED [
JASH - D	e us	A.	WIDOWE		
ITY OR TOWN OF DEA				R OTHER INSTITUTION	NC
IVER SPR		EA DO		ND N. A	4.
IAL RESIDENCE (IF NURS STATE	ING HOME OR OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIA	AITS?
MARYLAND	MONTGOMERY	SILVER S	PRING	YES XX NO [
ATHER'S NAME				15 MOTHER'S MAIL	DEN N
FREDERICK	C.	MERILL	.AT	FIRST MA	RIA
	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	
NO	Ta iso, one mak ok baise)	578-32-	4759	OLIVIA	CLE

	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) PERSONNEL DIRECT	126 KIND C INDUSTRY OR 01	F BU	SHOEPT DEFENSE
1	136 STREET ADDRESS 105 ROCKDALE D	RIVE 2	209	01

Sater

LAST

MIDDLE

	V e	1 1 1 m 1 V & Lat Lat V 1	1.11						
	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT		ADDRESS				
NO	(IF TES, GIVE WAR OR DATES)	578-32-4759	OLIVIA	CLEARY	MERILLAT	SAME	AS	13	WIFE
18 CAUSE OF DEATH PART I. DEATH W	H (Enter only one couse per AS CAUSED BY IMMEDIATE CAUSE (o)	line for 101, 164, and 164	ic Vascu	HAR D	ISCASE		BETWEE	NONSET	NTERVAL AND DEATH
Conditions, if ony,		R AS A CONSEQUENCE OF							
gove rise to imm	nediote g the DUE TO. O	R AS A CONSEQUENCE OF			-4				

Past	CEREBRAL INFAK		IAL DISEASE OR CON	DITION GIVEN IN PART 116)	
19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	n was performed	200 AUTOPSY?	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO	ATH?
7] 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFEITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRED	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY	STATE

١	22a. I certify that (1) (this hospit	ol) attended the deceased fr	om	19 25 10		, 19, that (I) {we
	sow the deceosed plive on obove, (1) (we) (did) (did not	view the body ofter death.	19_82 Jand that in (my)	(ave opinion death occurr	ed on the date o	nd hour and from the causes state
	226. SIGNATURE		DEGREE			22c. DATE SIGNED

obove, (1) (we) (did) (did not) view the Body ofter death.			
2b. SIGNATURE	DEGREE		22c. DATE SIGNED
Benard a. Osta ends	(not	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	8-20-8

22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

FITZGERALD 217 UNIVERSITY BLOOF, SILVER SPRING	I N	11	bi p	C. C.	8.0
------------------------------------------------	-----	----	------	-------	-----

BERNARIS A	TITZGERALD	217 UNIVERSITY	Blub E,	SILVER SPRING, MO
230. BURIAL CREMATION REMOVAL	236 DATE 23c N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	2394

GATE OF HEAVEN 8/23/85 BURTAL 24. FUNERAL DIRECTOR FRANCIS J. COLLINGESS

SILVER SPRING 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 2 6 1985

DHMH - 16 60M 1/75 (VR A 15 (4))

and Mental Hygrene prior to burial

IMPORTANT: If Item 21 is morked or Ite should be detached for use as with the State Dept of Health FUNERAL DIRECTOR.

MEDICAL CERTIFICATION

20901

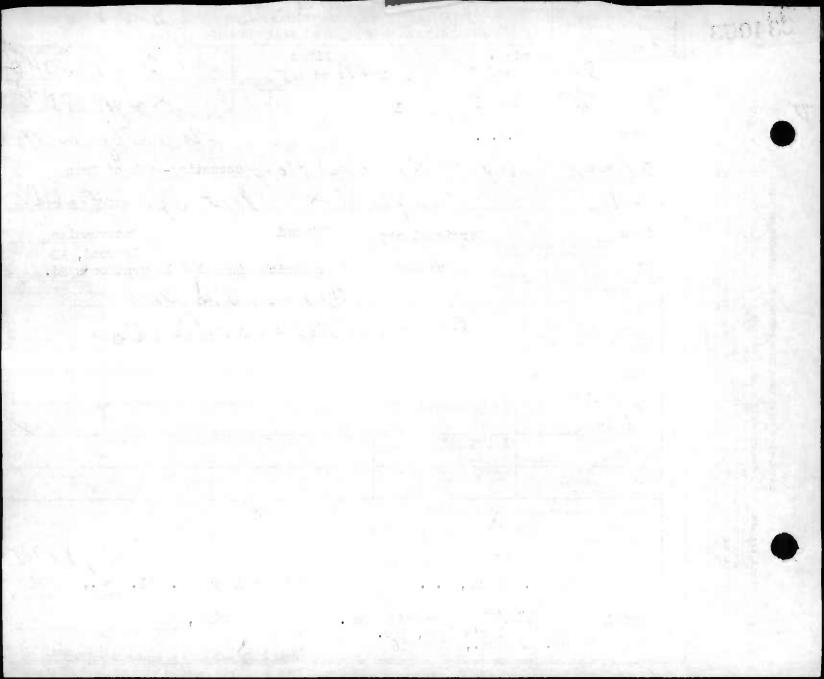
500 UNIV BLVD. W. SILVER SPRING MD.

MD.

79.7 n

The same and the same of the s

STATE OF MARYLAND



219036

Francis Mayle

Released

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE

3

- STATE REGISTRAR		CERTIFICATE OF	DEATH	REG. N	0	
1. DECEASED NAME FIRST	MIOOLE	LAST	20	DATE OF DEATH	MONTH DAY YE	AR 2b HOUR
Alici Alici	.a	Miranda	A	ugust 1	, 1985	3;30AM
3. SEX	4. RACE	5 DATE OF BIRTH		GE (IN YEARS LAST BIR		
/ Female	Caucasian	May 19	1897	88	YRS.	DATS HOURS MIN
a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	9 B		R COUNTY OF DEA	тн
Cuba	Cuba	MARRIED NEVE	DIVORCED	Montgo	mery Cou	nty,
0 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER IN	NSTITUTION 120	USUAL OCCUPATI		ND OF BUSINESS C
Potomac	11819 Rosa	ilinda Driv	7e	e of work for most of Homemaker		wn Home
USUAL RESIDENCE (IF NURSING HOME			CITY LIMITS? 13e:	STREET ADDRESS		
	gomery Potoma				alinda Dri	ve 2085
14 FATHER'S NAME			R'S MAIDEN NAME		77.1144	
Note Arros 1 a	MIDOLE LAST		FIRST	t Availab	1.0	LAST
Not Availa		CURITY NO. 17. INFORA		er-in-Taw		
	GIVE WAR OR OATES)					10
No l	only one cause per line for (a), (b).		en S. M. M	enendez		L3e PPROXIMATE INTERVAL WEEN ONSET AND DEATH
gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC		estive	EIIŞ		
	T CONDITIONS CONTRIBUTING T	<u>O DEATH</u> BUT NOT RELAT	ED TO THE TERMINAL	DISEASE OR CON	DITION GIVEN IN PA	RT 1:o
V 190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PER	FORMED 7	00 AUTOPSY?	20b IF YES, WERE F	INDINGS USED
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING			,	ES NO	IN CERTIFYING CA	USES OF DEATH?
an contract Contract		DAY YEAR	INJURY OCCURRED	ENTER NATURE OF INJUI	RY IN ITEM 18 PART I ORPA	RT 2)
(IF EITHER NOTIFY MEDICAL EXAMINATION OCCURRED	P.M.	19 211 LOCA	TION			
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE			CITY OR TO	OWN COUN	TY STATE
	spital) attended the deceased Iron	n		to		that (I) (we) lo
sow the deceased alive above, (1) (we) (did) (did)	on 14/12 19 not) view the body after death.	and that in (m	ny) (our) opinian death	occurred on the de	ate and hour and Irai	m the couses stated
22b. SIGNATURE		DEGREE			1	DATE SIGNED
1	meache M.	D	ATTENDING M PHYSICIAN X DI	EDICAL STAI	FF Au	a. 1, 19
226 PHYSICIAN'S NAME (TYP		22e ADDR	RESS			
Jorge H.	Forcada, M.D.		6 Spring			

23¢ NAME OF CEMETERY OR CREMATORY

BP.

TO FUNERAL DIRECTOR. should be detached for use with the State Dept. of Hea IMPORTANT. If he

DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE August 2, 1985 24 FUNERAL DIRECTOR HOMES, P. A., ROCKVILLE, MARYLAND

Cemetery Silver Spring Maryland

250. Date Rec'd. By Registrar 256 Registrar's Signature

265 285 Take Auryland Gate of Heaven Cemetery

Time Barrelon Brodere

Burney garge

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDENE CERTIFICATE OF DEATH

filled in by the funeral director page 3 auld be filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2

and Mental Hygiene prior to burial, cr

TO FUNERAL DIRECTOR: Afreshould be detached for use as with the State Dept. of Health. IMPORTANT: If Hem 21 is

1 - STA			DEPARTI		EALTH AND	MENTAL HYO DEATH	HENE 2	REG. NO).	0	7	1	
1. DECEAS	SED NAME FIRST		WIDDLE	L.	AST		20. DATE OF			DAY Y	EAR	2b HO	JR
(17PE OR PR	Alta	1	L.	Mi	isus		Aug.	3, 1	985			7:1	7 pm
3. SEX		4. RACE		5 DATE C	F BIRTH	YEAR	6. AGE (IN Y	EARS LAST BIRT		ME UNDER	DAYS	IF UNDER	R 24 HRS
	Female	White	9	March		1909	76	ó	YRS		DATE	1100%3	Mills.
7a BIRTHE	PLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER	MARRIED -	9 BALTIMO	all real	-	OF DEA	TH		
	insas	USA		WIDOWE	DXX D	NORCED	Mont	tgomer	У			- 11	MD
	lnev	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET DETY GENE	ADDRESS]			12a USUAL C	K FOR MOST OF		E) INDU	STRY	F BUSIN	nt C
	SIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)					710 0000			Old	iic c
		ntgomery	Silver S			NO [1712	Mayda				209	04
	R'S NAME			0		'S MAIDEN NA							
	John	WIDDLE	Bagge	tt		Ethe1		WIDDIE			Swi	ink	
	DECEASED EVER IN U.S.		166 SOCIAL SECU	JRITY NO	17 INFORM	ANT		ADDRE	SS				
(YES, N	N/A (IF YES, C	N/A	510-10-7	979	Rose	Morton-	-Daught	ter-	same	as 1	13e))	
Co	inditions, if any, which	ATE CAUSE (a)	AD AS A CONSEQUE	ENICE OF		K BAVEZ				BET T	61	hou day	
co un	ive rise ta immediate use (a), stating the derlying cause last.	(c)_	PR AS A CONSEOU									/	
	COPD	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	NINAL DISEASI	E OR CONE					
CERTIFICATION 180	DATE OF OPERATION	19b. COND	PITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTC	NO M	20b. IF YES IN CERTIF YE	YING CA	AUSES	OF DEA	TH?
CAL	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF E FEITHER NOTIFY MEDICAL EXAMIN	VER) P	.M. MONTH D .M.	AY YEAR		NJURY OCCUR	RED (ENTERNA	TURE OF INJUR	Y IN ITEM 18 P	ART I OR PA	ART 2)		
	INJURY OCCURRED HILE NOT WHILE NORK		OF INJURY REET FACTORY, OFFICE, I	FARM ETC 1	211 LOCAT STREET			CITY OR TO	WN	COUN	YTY		STATE
220.	certify that (1) this has	8/2	190), an	nd that in (my	(our) apinian	, to death accurre	d on the do	te and hou	r ond Iro	m the	the (1)	we) last tated
22b.	SIGNATULE	nd Ba	in		MA	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF				SIGNED	
22 d.	PHYSICIAN SPIAME (TYP	BASS			22e ADDRE	25 Fer	rare	2	Wh	An 1	red	20	106
23a. BURIA	remation, REMOVA	Aug.			EMETERY OR Crema	CREMATORY tory		ation ortown shingt	on, I	COUNTY	2.00		STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Hines/Rinaldi Funeral Home Silver Spring, Md.

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. Nov. 3, 1985 1:17 pa

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Dr. Mayle Do wed A DDFored PHYSICIAN: The Id

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE CERTIFICATE OF DEATH

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ш	REGISTRAR	Ci Ci	EKTIFICATE OF DEATH	REG. NO	0.	
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY I YEAR	26 HOUR
	Mary	Dorthea	Modell		8/22/85	12-0 M
3.	. SEX	RACE 5. I	DATE OF BIRTH	6. AGE IN YEARS LAST BIR	THDAY] IF UNDER 1 YEAR	
	Female	Cancasia	MONTH DAY YEAR 19	66	YRS.	NOOKS MILE
71	a BIRTHPLACE (STATE OR FOREIGN 75	CITIZEN OF WHAT COUNTRY?	AARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
L	Pennsylvania		DOWED DIVORCED	Mont	gomery	MD.
	Bethesda 11.	NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDRI 5403 Brooken		170 USUAL OCCUPATION OF WORK FOR MOST OF		Home
	SUAL RESIDENCE HE NURSING HOME OR OTH 30 STATE 13b COUNTY	131. CITY OR TOWN	YES NO P	13e.STREET ADDRESS	zip code ay D	r, 2081
1	FATHER'S NAME FIRST Charles	Wurtz	Ellen	MIDDLE		rynum
10	60 WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE W		NO. 17. INFORMANT	Ishalk 52	lagus tas	t, MO
F	18 CAUSE OF DEATH (Enter only o	one couse per line for (o), (b), and (c).				XIMATE INTERVAL
	PART I. DEATH WAS CAUSED B		mome of the col	I'M	31)	2475
	couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON	inal disease or con	DITION GIVEN IN PART 1	10		
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPE	ration was performed	YES NOW	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
	OR CONTRIBUTION CAUSE OF OF ATTI	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19			
	THE EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, FARM.		CITY OR TO	WN COUNTY	STATE
	22a.l certify that (1) (this hospital) saw the deceased alive on above, (1) (we) (did) (did not vi	ottended the deceosed from 19 F3 when the body ofter death.	, and that in (my) (our) opinion	, 10	ote and hour and from the	
	276 SIGNATURE Signing .	ion Dr Fred Smith	PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC	FF _7 8/	22/85
	Ja mes M. D'An		5401 Western	a Ave., N.W.	., Washingto	n, DC
	(SPECIFY)Burial	8-24-85 Hill	side Cemetery	Roslyn	Montgomery	På!
2	FUNERALD BOSE Ph Gawle	er's Sons ADDRESS 513	O WisconsinA	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	

Wash., D.C.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

4739 Baltimore AVenue Hyattsyille, Md. 20781

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE

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Sime.	-	~		- 4
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	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		
4		CEASED NAME	FIRST		MIDDLE	L	AST	A STATE OF THE PARTY OF THE PAR	MCN'H DA	AY YEAR	26 HOUR
			erry	L	ynn	Мо	ore	08/04/8	5		080 7
	3. SE		Y	RACE	1.1.	5 DATE C		6 AGE INTERESTANTEM	HEWEN IN	FUNDER I YEAR	IF UNDER 24 HRS
	- 0	Male			hite	01	22 1939	46	YRS.		
1	Te	RTHPLACE (STATE OR COUNTRY)	FOREIGN)	U.S	what country	MARRIE	D NEVER MARRIED X	Montgomer Montgomer	_	OF DEATH	MD.
1	Ta	koma Park		Washin	igton Adv		Hospital	Type Sette			cations
	Vi	AL RESIDENCE (# NURS TATE rginia	ATLIT	other institution in a second	Ar Lingt		13d INSIDE CITY LIMITS? YES NO [X]	131361 SORES	zh fand	St.,	22204
		available	M	IDDLE	LAST		Unavailable	WE	-13	LAS	л
		VAS DECEASED EVER		MED FORCES? WAR OR DATES) E T IME	166 SOCIAL SEC 466-54-		Pat-Boyd Sch 1722 North Q	ultz, Execu uinn St. #2	tor 04 Arl	ington	, Virgin
***	NO	Conditions, if any gave rise to im- cause (0), statir underlying cause	mediate ng the last	DUE TO, O	PRAS A CONSEOL	JE AN	ARREST CORNERS INGUS.	iccasclial (n			9
1 1	CERTIFICATI	914185	TION				N WAS PERFORMED	200 AUTOPSY? YES NO A	206 IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
	MEDICAL CER	21g. ACCIDENT WAS UNI OR CONTRIBUTING () (IF EITHER NOTIFY MEDI	CAUSE OF DEAT		OF INJURY .M. MONTH D	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT T OR PART 2)	
		21d INJURY OCCUR			OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
		220. I certify that (I) saw the deceas above, (I) (we) (I 22b. SIGNATURE			2/11	55. OI	nd that in (my) (aur) apinian of the property	, ta			
		22d PHYSICIAN'S N.	1	PRINT) ARCI	7		22 ADDDECC	noll fue		-c. Pl	r Ld
3		BURIAL, CREMATION, SPECIFY) Crema		23b. DATE 8/5/8			emetery or crematory	23d LOCATION CITY OF TOWN TY Alexandr	ia	N/A	Virgini
/84	Fr Fr	UNERAL DIRECTOR ancais Gasc	h's So	ns Fun	eral Home	e, P.A	250 DAT	E REC'D. BY REGISTRAR	756 REGISTRA	AR'S SIGNAT	

poge 3

- STATE

TTYPE OR PRINTE

REGISTRAR 1 DECEASED NAME

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

HENE	3

20 DATE OF DEATH

7h HOUR

16

21061

STATE

Texas

	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201
TAL OR ATTENDI	PITAL OR ATTENDING PHYSICIAN: The tow requires that the death capitation be executed within 24 hours ofter death. Pog by the hospital or attending physician.
ERAL DIRECTOR. A e detoched for use	ERAL DIRECTOR. After this certificate has been signed by the order of the property filled in by the funeral direct direct of the property of t

DHMH - 16 60M 7/84

(VRA 15, 4)

STACY LONELLE MOORE AUGUST 3 1985 4 RACE & AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 5 DATE OF BIRTH pofte MONTH l dav 2 1985 AUGUST FEMALE BLACK BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND UNITED STATES WIDOWED MONTGOMERY CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY BETHESDA NAVAL HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE USE COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN MARYLAND 113 WELLHAM AVENUE.NW ANNE ARUNDEL GLEN BURNTE YES T NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE RUSSELL BARRETT MOORE DOROTHY ROSS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIF YES, GIVE WAR OR DATEST LYES NO OR LINKNOWNI NO DOROTHY MOORE, 113 WELLHAM AVE: NW. GLEN BURNIE, MD 21061 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: PREMATURITY AND RESPIRATORY FAILURE IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO CATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? CERTIFI YES TY NO 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) III LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OF TOWN COUNTY D WHILE NOT WHILE AUGUST 2 AUGUST 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on AIGUST 3 above, (1) (we) (did) (did not) view the bady after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE MO, PAD ATTENDING SIGNATURE 226 DATE SIGNED MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OR PRINT) 270 ADDRESS NAVAL HOSPITAL , NAVAL MEDICAL COMMAND, FUN Id b ORT JAMES W. THORP, CDR, MC, USN NATIONAL CAPITAL REGION, BETHESDA, MD 20814 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL Heidenheimer Cem. Heidenheimer 8/12/85 BURIAL

Glen Burnie, Md. 21061

Raymond C. Fink 426 Crain Hwy. S.W.

MIDDLE

Tien Burbecoule 11,061.

vires that the death certificate be

OR AITENDING PHYSICIAN: The law

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

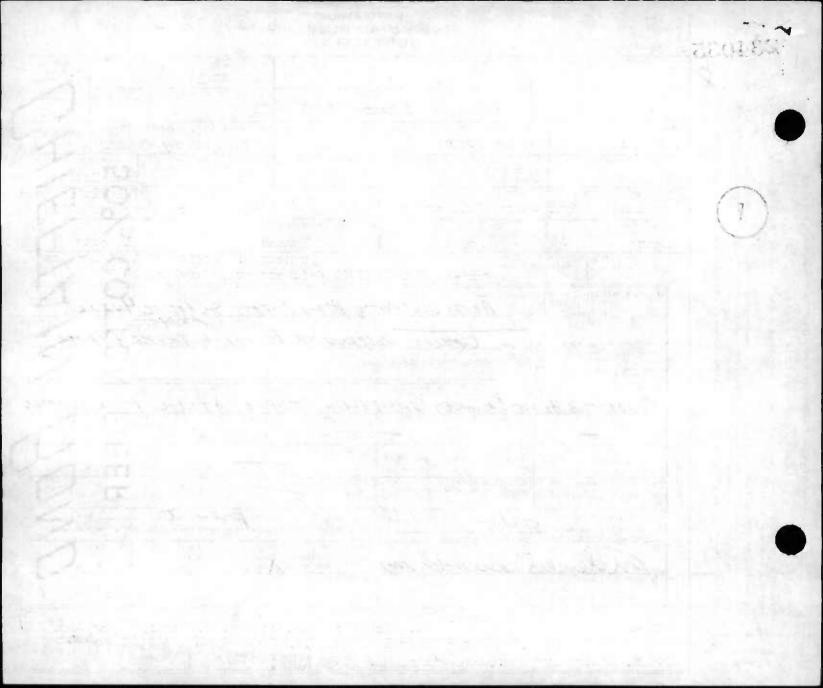
ne funeral director, page 3 within 72 hours after death

IMPORTANT: If them 2 Lis marked ar Item 18 shows any injury, ar ather traumatic event, the medical TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

5	REGISTRAR		CER	OF HEALTH AND MENTAL P	REG. NO.	3 4 0	
1	I. DECEASED NAME (TYPE OR PRINT)	Olive	MO	rgan	August 14	1985	4:00A M
	3 SEX Female	4 RACE Cauca		TE OF BIRTH	6 AGE TIN YEARS LAST BIRTHDAY	MONIHS DAYS	IF UNDER 24 HRS
1	New York		States	RRIED NEVER MARRIED	Montgomer		, MD
0	Gaithersbu	rg 9701	Fields Roa		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Sales	RKING LIFE) INDUSTRY Real E	Estate
6	USUAL RESIDENCE (# NURSII 130. STATE Maryland	NG HOME OR OTHER INSTITUTION 13L COUNTY Montgomery	Give Residence Before admiss 13: CITY OR TOWN Gaithersbur	g YES NO	Gaithersburg	CODE	lelds Road 1 20878
3	14 FATHER'S NAME FIRST Henry	MIDDLE	Doupe		nnah	Flaher	
	(YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	565 18-5126		nces M. Morres hersburg, Maryl	9701 Fiel and 20878	.ds Road
	Conditions, if only, gove rise to imm couse 10°, stoting underlying couse PART 2 OTHER SIGN 19° DATE OF OPERAT	ediate the lost. IFICANT CONDITIONS C	ON AS A CONSEQUENCE CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDITIONS 200 AUTOPS 77 200 210		O OUSTION NGS USED
7				216 HOW INJURY OCC	YES NO CURRED (ENTER NATURE OF INJURY IN 19	YES	NO 🗌
7	OR CONTRIBUTING CO. (IF EITHER NOTIFY MEDIC. 21d INJURY OCCURR! WHILE NOT WHILE AT WORK	ED 21e PLACE	OF INJURY TREET FACTORY OFFICE, FARM ETC	211 LOCATION STREET	CITY OR TOWN	CONNIA	STATE
9	sow the decease	this hospitall attended to dive on 5/2/8 d) (did not) view the bad	19	, 19, ond that in (my) (our) opin	ion death occurred on the date o		that (I) (we) lost couses stated
_	22b. SIGNATURE	enles Ca	Olyca n	DEGREE ATTENDING PHYSICIAN		Aug.	14,198
	Freder		ldwell, M.I	o. 50 W. Edr	monston Drive	,Rockvil	le, MD
	230 BURIAL, CREMATION, F BURIAL	19, 1	1985 St. 1		tery East Elmhu		York
				Md. 20850 AU	G 1 6 1985	REGISTRANSPINA	TURE 5

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHNE

228043	1.	FOR STATE REGISTRAR	DEP	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGNE D Z G	, 4 0 4
mor be	1. DE		MIDDLE E	Mote 5. Date of Birth	20 DATE OF DEATH MONTH August 6 AGE (TYEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 5 1985 9 M IF UNDER 1 YEAR IF UNDER 24 HIS
moth Yage 4		FEMALE RTHPLACE (STATE OF FOREIGN COUNTRY)	WHITE TO CITIZEN OF WHAT COUNT W.S.A.	RY? 8 MARRIED NEVER MARRIED WIDOWED NORCED	9 BALTIMORE CITY OR COUN	
to by the L	C	AL RESIDENCE (IF NURSING HOME OR ITATE 113b, COUN	Sharon A	Sq Home	120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING HOME MINES / ZIP CO	AT HOME
				SPRING YES NO SIS. MOTHER'S MAIDEN P	13207 HAT	AAWAY DR. 2090 AS CHIKE
the species		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 214-74	1-3338 DELBERT N	M-STEINER (SAME AS # 13) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ending physic corbenies n, or remove motic event.	A	PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a) CARD	10-RESPIRAT	ORY ARREST DET FAILURE	TERM VOS
that the de d by the oth case remove of cremption		Conditions, if any, which gave rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSE	1		YRS
A special services	ATION	/	EHOTE M	TO DEATH BUT NOT RELATED TO THE TE	FARCTION .	GIVEN IN PART 11a YES, WERE FINDINGS USED
ARI The lo freshe has transit per trygene p	CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR 716 HOW INJURY OCC		YET NO
G Perrsical participation of the found Memory American Memory American Amer	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		21f LOCATION STREET	CITY OF TOWN	COUNTY STATE
ATTENDIN unpoint or ECTOR. At not for one or or of Health one 21 u min		120.1 certify that (1) this haspi the decease a plive an did (did na	tal) attended the deceased from		an deoth occurred on the date and h	. 19 . that (1) we) last nour and from the couses stated
SSHITAL OR JAHERAL DIS I be detects to State Del		174 PHYSICIAN'S NAME : 1191 C		ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	8-5-85
Day Day D	23o. 1	DONAL SURIAL, CREMATION, REMOVAL SPECIFY BUILDIA	23b. DATE	AIS TO 0 4 RIS NAME OF CEMETERY OR CREMATOR GREEN WOOD CEM	CITY OR TOWN	20832
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR W. CHAMBEI			DATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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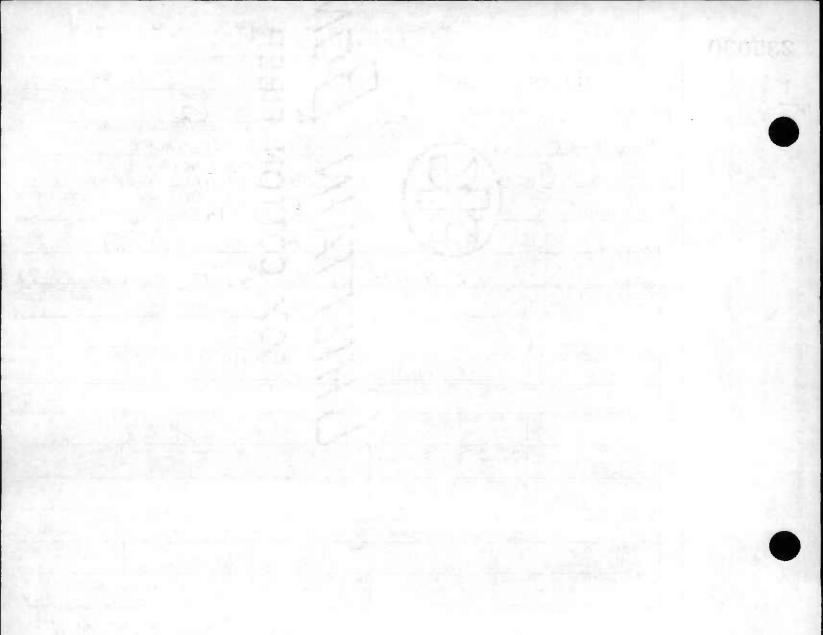
Film G607 item 2a STATE OF MARYLAND 9/4/85 rja CEDTIEIC ATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYSTENE

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2	S	ay	U	Ü

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY SAS 26 HOUR
	DONA DONA	LD G	MYERS	8	12 8 111.22
3 S	SEX 4	RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HR
	MALE	WHITE	T 24 23	(02 YRS	MONINS DAYS HOURS MIN
7a.	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUN	
77	NEUT YORK	/ US	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOMER	24
1/10	CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12n URUAL OCCUPATION	126 KIND OF BUSINESS C
// -	Takoma Pak 1	(IF NOT IN SUCH FACILITY, GIVE STREET AD	entist Hospital	RETURE OF WORKING	UFED INDUSTRY PROTECTION
US	UAL RESIDENCE (IF NURSING OMEORO)	MER INSTITUTION CIV. RESIDENCE BEFORE A	DMISSION)		O MARIEN
クト	MARILAND FO	13c CITY OR TOWN	YES NO NO	130 K OH SH	arecooch road
7 14	FATHER'S NAME	1.00	15 MOTHER'S MAIDEN NA	AME	9
20	PIRST MIC	MYPAS	Emily	WIDDLE	Luca d'AST
160	WAS DECEASED EVER IN U.S. ARME		ITY NO 17 INFORMANT	ADDRESS	
1	(YES NO ORUNKNOWN) (IF YES GIVE W	VAR OR DATES) 092-14-0	932 F-lorian	Privitt Sa	me as a hou
		one cause per line far (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED I	BY. C As	CDIORFSPIRATUS	Y APREST.	
	IMMEDIATE	CAGOL (O)	/		
44	Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN	HARDIAL INFO	RETIEN.	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN	NCFOF RETRACTOR	1. V. APRITHITI	toriff
	underlying cause lost.	DUE 10, OR AS A CONSEQUEN		CFPCIC	
5	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION C	GIVEN IN PART Tra
Z O					
CATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION WAS PERFORMED		ES, WERE FINDINGS USED
E P					TIFYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
7 4	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	10		
MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE FAR	PM ETC)	CIT OK TOWN	31772
E	22a.1 certify that (I) (this haspital) attended the deceased from	7 9 19 85	, to 8, 12	. 19 65 , that (I) (we) lo
	sow the deceased alive an abave, (1) (we) (did) (did nat)	yew the hody after death	ond that in (my) (our) opinion	death accurred an the date and h	aut and fram the couses stated
E	226 SIGNATURE / - CE - C	La Amores	DEGREE MY	TO STATE OF THE ST	22c. DATE SIGNED
	1	111 011	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
7	224. PHYSICIAN'S NAME (TYPE OR P	,	22e ADDRESS	2.15	2.1.
4	IM/IAZ. H	- CHONDARI	1 10798	HILLOFY CALLED	PARTO 2104
230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NA	AME OF CEMETERY OR CREMATORY	23d LOCATION	
	(SPECIFY) Cremation	Aug 12 1988 11	lestview Men	M Catansul	LO M JATE
	EUNERAL DIRECTOR		250.DA	TE REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
/84	DAME / / SOIS F	APPORESS	60 Usa / Ma 06	1 5 1986 destinat	and market

DHMH - 16 60M 7/8 (VRA 15, 4)



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYORNE

1	17		13	
2	3	front d	U	4

Н	' '	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
F		CEASED NAME	FIRST		WIDDIE	L	AST	20 DATE OF I	DEATH MONTH	DAY YEAR	26 HOUR	0
	(ITPE	ORPRINT)	10.72		R	my	ERS		8 3	0 85	43	S M
	1. SE			4 RACE		5. DATE C		6 AGE (IN YEA	ARS LAST BIRTHDAY)	MONTHS DATE	1	HRS MIN.
		/ emale		Cauca	sian	Auc		78	YRS	MONTHS DATS	HOURS	MIN.
1		RTHPLACE ISTATE OR F	OREIGN		WHAT COUNTE	RY? 8			E CITY OR COUN	TY OF DEATH		
1	_	Russia		USA		WIDOWE	D NEVER MARRIED	mo	ntani	narv		MD.
1	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL O	CCUPATION FOR MOST OF WORKING	126 KIND O	F BUSINESS	OR
1	B	athasd a		- AP 1	urbans		pital		er-Insura		oanv	
1		AL RESIDENCE IF NURS	136 COUL		GIVE RESIDENCE BE		13d INSIDE CITY LIMITS?		DDRESS / ZIP CO	40 7	1850	1
2	M	laryland	Mon	tgomery	Potom		YES NOXX		Bedford		Ave.	
1	19 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA		MIDDLE	LAS		
C	1	Isaac			xenfeld	l	Anna		MIDDLE	LAS	1	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	ECURITY NO	17 INFORMANT		ADDRESS			
		lo		'A	161 0	5 1760	Charles E.	Myers	(son) ad	dress_ak	ove	
	1	18 CAUSE OF DEAT	H (Enter or	ly one cause per	line for iai (b	and Q	,		1.51	BETWEEN	SFT AND DE	ATH
	10	PART I. DEATH W		TE CAUSE (a)	500	ual	med			50	ary.	0
				DUE TO, O	R AS A ACHSE	QUENCE OF	. 0			1	. /	
		Conditions, if any,		(d)_	In	us	nonce			50	ay	2
	130	gove rise to imm cause (0), statin	g the	DUE TO, O	RAS Y CONSES	EVENGEO PA				111	100	2
		underlying cause	last	((c)	0	110				1	7000	_
	2	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING T	O DE ATH BUT	OT PELATED TO THE TERA	MINAL DISEASE	OR CONDITION G	IVEN IN PORT TO		
	5			U	leu	wir	<u> </u>					
	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOF	20b. IF Y	ES, WERE FINDIN	OF DEATH	?
	E S									res 🗌	NO 🗌	
9		210. ACCIDENT WAS UND	la la	110110 4	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATL	JRE OF INJURY IN ITEM 18	PART OR PART 2)		
6	CAI	(IF EITHER NOTIFY MEDIC			М.	19						
	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY	CE FARM ETC)	211 LOCATION		CITY OR TOWN	COUNTY	STAT	TE 3T
	-	AT WORK AT WOR	RK RK			0	- 01	1	l'i	1		
	1100	220 I certify that (I)			e deceased in	2 []	195 7	, to	da		that (I) jue	
		saw the decease above, (1) (aug.) (c			after death.	5 V or	nd that in (my) (aur) opinion	death accurred	on the date and he	our and from the	couses state	d
		226. SIGNATURE		1	. /	-2	DECARE	MEDIC	67.55	220 DATE	HIGNED	1
V		-the	3	700	my	77		MEDICAL DIRECTOR [PHYSICIAN [6	30/	85
		22 de PHYSICIAN'S NA	AME TYPE C	OR PRINT)	DN	1-111	12e ADDRESS	11.1	B.	1. /		
		Thos	6.	WH	KD	0116	1 Koven	XIX	, Jul	Nesta	208	17
	230 B	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCAT	ION	COUNTY	STAT	1
	B	urial		Sept. 1	,1985	Judean	Memorial Par	Oli	ney, Mary	land	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Ives-Pearson Funeral Homes
Falls Church, Va. 22046

filled in by the funeral director, page 3 ould be filed within 72 hours ofter death

njury, or other troumotic event, the medicollexamin

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pt with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or Item 18 shares and

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

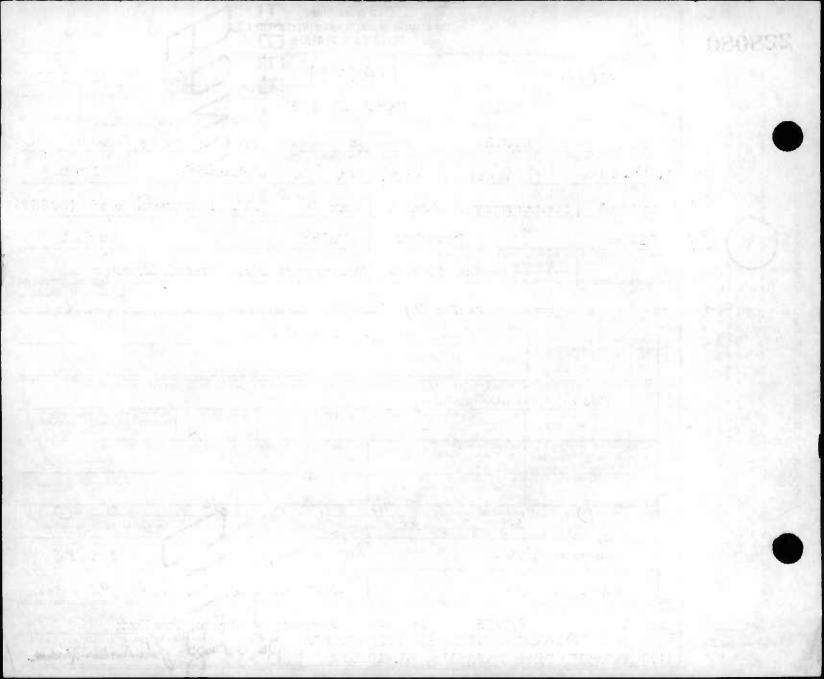
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25.0	NIO				

	1-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10	, ,	4	
		CEASED NAME	FIRST	A	AIDDLE	L.	AST			AY YEAR	2b. HOUR	
	(IAbE	ORPRINTI AN	NA			NY	NOVA		08 0	14 85	9:55p	N
	3. SEX	K .		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS	_
	Fe	male		White	3	Marc	h 2°, 18'97	88	YRS	DATS	HOURS MIN.	
1		RTHPLACE (STATE ORF	OREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH		_
/		SSia		U.S.A.		WIDOWE		MONTGO	Mery.	Count	Y ME	D.
1	10. CT	TY OR TOWN OF DEA	TH		HOSPITAL, NUR	SING HOME C	OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ION	12b. KIND C	E RUSINESS OR	1
1	B	ethesda		Subur	ban	Hospi	ital	Housewif	3	INDUSTRY	ome	
6		AL RESIDENCE HE NURSI	NG HOME OF		GIVE RESIDENCE BE		13d INSIDE CITY LIMITS?	13ª STREET ADDRESS	/ ZIP CODE			
9		ryland		tgomery		ville	YES XX NO	6121 Mon	trose	Road	(20852	2)
4	14 FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		1.45	T	
		Liebe		WIDDIE .	Davi	dow	Malka	mode		Ruch	iel	
		VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMANT	ADDR				
	NO) I I I I I I I I I I I I I I I I I I I	111 123, 010		063-44-	-0470	Gutterman's	Inc.; Funer	al Dir	ector		
		18 CAUSE OF DEATH			lye for (o), (b)	ond ici.)	,		•	BETWEEN	MATE INTERVAL ONSET AND DEATH	Ξ
		PART I. DEATH W		D BY: E CAUSE (o)	KESpirat	ory to	rilure			3 d	ays	
		The			R AS A CONSE	QUENCE OF						
		Conditions, if ony,		(b)_	Chronic	Obstruc	tive Lung Disa	care				
Н		gove rise to imm		DUE TO OF	R AS A CONSE	QUENCE OF						
		underlying cause	lost	(lc)_								
		PART 2. OTHER, SIGN					NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVI	EN IN PART 1	D ·	
	NO.	Cast	vo 11	testinal								
2	CERTIFICATION	190 DATE OF OPERAT	HON	196. CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FIND IN YING CAUSES		
7	RTIF				-			YES NO	YES		но 🗌	_
7		21a. ACCIDENT WAS UND		110110 1	FINJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INA	JRY IN ITEM 18 P	ARI I OR PART 2)		
	CAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINE	P./		19						
	MEDICAL	21d. INJURY OCCURR		(AT HOME STR	OF INJURY SEET, FACTORY, OFF	ICE, FARM ETC)	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
		AT WORK AT WOR	SK			7/	0	du		6		_
		220.1 certify that (1)		100 1 1		C		, to		19_0)	tha (II) (we) los	1
		sow the decea obove (1) (we)(1)	dive on (did no	t) view the body	ofter death.	,, 01	nd that in (my) (our) opinion	deoth occurred on the d	ote and hour			
		22b. SIGNATE	14.47	Bar			DEGREE ATTENDING	MEDICAL STA	FF	8-5.		
		1-1		VOF-			PHYSICIAN A			0 3.	.03	-
		22d, PHYSICIAN'S MA	OMD	BASS			3929 Ferri	iana DV iv	Mento	n Md	20906	9
	23a. B	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	234 LOCATION		COUNTY	STATE	
		urial		8/7/85			vid Cemetery	Elmont;		ork		
		NAME			ADDRE	55	CHAPELS 250 DA	TE REC'D. BY REGISTRAL	256. REGISTI	RAR'S SIGNAT	URE	
	11	.70 Rockvil	le P	ike; Roc	kville,	Md. 20	0852	0,0 1000.	Juna	Davidson	-Nandale	

DHMH - 16 50M 4/83

(VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending is should be detacked for use as the build-transit permit. Then please remove corbail with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar rem

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

injury, or other troumotic e

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FOR STATE 233051

in by the funeral director, page 3 is filed within 72 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPIENE CEPTIFICATE OF DEATH

ı	REGISTRAR		CERTIF	CATE OF DEATH	REG. N	D .		
1	I DECEASED NAME FIRST	MIDDLE	L/	XST .	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	ISOBEL	HeLen	1 N.	EALIS	8	- 15	-85	3-4 M
T	3. SEX	RACE	5 DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	tenale	aucasion	1 2 MONTH	20 16	69	YRS.		, Mari
1	70. BIRTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIE	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
	CANADA		WIDOWE		mont	GOM	ERY	MD.
I	10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET		ROTHER INSTITUTION	120 USUAL OCCUPATI	ON PWORKING LIFE)	126 KIND OF	Gen. Bus
4	KENSINGTON C	IRCLE MAN	OR NO	URSING HOME	Executive	secreta	ry Se	rvices
I	USUAL RESIDENCE (IF NURSING HOME OR OI 13a STATE 13b COUNT	Y II3c CITY OR TOW	VNL 1	13d. INSIDE CITY LIMITS?	13g STREET ADDRESS	ZIP CODE		
4	Maryland Mon	tgomery Rockvi	ille	YES 🔼 NO 🗌	90 Monroe	Street	20853	
A	14 FATHER'S NAME FIRST	DDLE CLASS .	11	15. MOTHER'S MAIDEN NA	ME		LAST	
4	JAMES D	0116 FAZ 12F	= 117	MAUD	150	BEL	DE	FFREY
ı	160 WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECUNAR OR DATES) 579–16–		John B. Neali	is 7449 Bland	ss and Av	e. Fon	o Itana Calif
Į	NO	919-10-3	5700	oomi B. mour	ib 1110 Diaix	/tt[u 111		
ı	18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	BY	_ //\	1111	D		BETWEEN O	MATE INTERVAL INSET AND DEATH
ł	IMMEDIATE	De la Art II.	CU	osthuctive Inly	IONAM VISH	C	year	4
1		DUE TO, OR AS A CONSEQU	ENCE OF		U		/	
١	Conditions, if ony, which gove rise to immediate	(b)						
ı	couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF					
I		(c)						
ı	PART 2 OTHER SIGNIFICANT CO		. 4 -	1 0	INAL DISEASE OR CON	DITION GIVEN	I IN PART 11a	
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	NWAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED
1	IFIC				YES TO NOP	IN CERTIFYIN	NG CAUSES	OF DEATH?
d	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCUR	1 []		I OR PART 2)	
	OR COLUMNIA CALIFFORNIA	HOUR A.M. MONTH D	AY YEAR					
ı	OR CONTRIBUTING CASE OF BEAT P	21e PLACE OF INJURY		211. LOCATION				
1	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM EIC)	STREET	A CITY OR TO	WN	COUNTY	STATE
1	220.1 certify that (this hospita) attended the deceased from	Happy +	24 1984	10 Hugust	F(19	71	ha (We) lost
	sow the diceosed olive on obove. (1) (we) (did) (did not		4	d that in (my) (our) opinion	death occurred on the d	ote and hour o	nd Irom the c	auses stated
	27b. SIGNATURE	view the body offer deoff.	[DEGREE			22c. DATE S	SIGNED
ı	Ov.m. A	Dunin una		ATTENDING PHYSICIAN	MEDICAL STA		8	KAT
1	22d PHYSICIAN'S NAME TYPE OR	RINT)		22e ADDRESS	1 1	1-	011	0 110
1	18 NT AMIN	Hypuria. M).	3720 TAN	want the	, Men	. MA	208)1
1	230. BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	-		
	^{(SP} Bürial	$\frac{^{236.0}\text{ATE}}{8/19/85}$ $^{236.}$ F	t. Line	coln Cemetery	Brentwo	od, Ma	ryland	STATE
	24 FUNERAL DIRECTOR Tyson	Wheeler Funeral	Home	, Inc . 250. DAT	E REC'D. BY REGISTRAR	25b. REGISTRA		
	1331 Rockville Pil	ke, Rockville,™a	ryland	20852	JE 1 9 1985	11-	and the state of	- Statistica

Administration of the second o

S. Wilder Good Agentures all services

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely three by the funeral director, pagishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL INGIEND

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REGIST	TRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		
1. DECEASED (TYPE OR PRINT)	1	vi.s		widdle /	lic /	oLas	20. DATE OF DEA		7 85	26 HOUR
3. SEX			I. RACE		5. DATE O		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	
MA:	LE		CAUCAS	SIAN	FEB		87	YRS	MONTHS DAYS	HOURS
7a. BIRTHPLAC	CE (STATEOR)	EOREIGN]	U.S.	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED D	9 BALTIMORE CI	TGOMER		
	10 CITY OR TOWN OF DEATH				IG HOME	OR OTHER INSTITUTION	17a USUAL OCCU	PATION	126. KIND C	OF BUSINESS
	VILLE	40.00	Shade	Grove F	1duer	itist Hospita	RET - S			THURAN
USUAL RESID 130 STATE Md.		13b COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOW POOLESV	N	13d. INSIDE CITY LIMITS?	13. STREET ADDR 17208	ESS / ZIP COI CHISWI	ELL RD.	2083
14 FATHER'S	NAME FIRST	UNKNĈ	WN	LAST		15. MOTHER'S MAIDEN NA FIRST	UNKNÔW	N.	LA	ST
	EASED EVER		MED FORCES? WAR OR DATES)	370-28-		17 INFORMANT ELLIE AHAN	2216 KE	DDRESS MERY RI	D. AKRON	, OHI
Condi	tions, if ony, rise to imp	/AS CAUSED IMMEDIATE , which mediate	DUE TO, OF	line for (a), (b) on Cardie R AS A CONSEQUE	ence of	Left He	Hrre	st cre C	CVA	A
NO.	OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	GIVEN IN PART 11 YES, WERE FINDING CAUSES YES T	NGS USED
ORCON	CIDENT WAS UNI	CAUSE OF DEAT	HOUR A.	M. MONTH DA	AY YEAR	?1c HOW INJURY OCCUR				
WHILE AT WORK	URY OCCUR	ние 🗍	21e. PLACE ((AT HOME, STR	OF INJURY REET, EACTORY, OFFICE, F	ARM ETC }	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STA
270 l co	ertify that (I)	(this hospit	al) offended the AUG	e deceosed from_ 19_ ofter death.		nd that in (my) (eve) opinion	death occurred on 1	he date and h	our and from the	
1/	YSICIAN'S N.	AME JTYPE OF	PRINT)	Sn	00	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL DIRECTOR PH	STAFF HYSICIAN [S DATE	8/8
51	MUE	LW.	CHAN		D,	20010 Fis	sher Ave	poole	sville r	10.
	REMATI		23b. DATE 8-8-1	00-	CHAMB		73d LOCATION CITY OR TOV RIVER	DALE,	P.G.C	
W. W.	6	BERS C	0.8655	GEORGIA	AVE.S	IL.SPR.Md AL	JG 1 5 198		STRAR'S SIGNA	

DHMH - 16 50M 4/83 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120

07/84 25M

Items 18-22a 10/30/85 mtb F3508

S	1-:	FOR STATE			DEPARTMENT OF H			3 -	2 0	
	1 DEC	REGISTRAR EASED NAME OR PRINT)			WIDDLE	LAST	20 DATE OF	REG. NO. KNOWN MONTH ESTI- MATED 8-2		2b HOUR
		Female		Sept. 6,	1951 33 YRS	MONTHS DAYS HOU	NDER 24 HRS. 20 DATE PRONOUS DE AL	MONTH NCFD	3-85 19	2d HOUR 4AM M
1	W	ashingt	on, D.C.	U.S.A.			orced Montg	omery Coun	ty	MD.
1	B	ethesda		(IF NOT IN SUCH FA	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS! Chesda Avenue		FORMOST OF WO	PATION (TYPE OF WORK RKING LIFE)	Manage	ment
1	13a N	/tarylan	d Mon	tgomery	13c Bethesda		15? 13. STREET ADDR. 4710 Be	ethesda Ave	e. #1408	20014
1		THER'S NAME Frank	ζ	MIDDLE R.	Nichols	15 MOTHER'S N Patr	A	AIDDLE	Hargis	
1	160 WAS DECEASED EVER IN U.S. ARMED FI (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR				220 60 41 02		N. Brace #1	ADDRESS 10 Horizon	Ct. Dere	
	NO	lying cau		(c)	R AS A CONSEQUENCE OF		IN PART 1 Is			
	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED?		6 11	20 AUTOPSY	? NO 🗆
3		UNDERLYING	OR CAUSE OF	HOUR A.M	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR TH P.M. 19			JURY IN ITEM 18 PART I OR P	ART 2)	
	MEDICAL	WHILE AT WORK	OCCURRED NOT WHILE [AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
		22a. I certif death resulte ACTUAL SIGNATURE _		ge of the remains de- ral causes X,	scribed abave, held an Accident . Suici	de , Hamicide [ection , Inquiry , Undetermined min (Y) . tant MEDICAL EXAM	anner [],	0 22 0	35
		EXAMINER'S I	NAME Marga	arita A. k	Korell, M.D.		Penn Stree		1ED 0 20 0	
ı	(5)	Buria		8/26/85	Gate of H	eaven Cemet		er Spring,		J'E
	24 FL	NERAL DIREC	Peon Who	olon Euno	ral Home, Inc. le, Md. 20852	25a D	ATE REC'D. BY REGISTRA	R 256 REGISTRAR'S	SIGNATURE	

STATE OF MARYLAND

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ATTENDING PHYSICIAN. The law requires that the deoth certificate be executed without other other impacts of the	FCTOR After the conference and the property of the conference of the physician and come and the property of th
the death of	the attendir
he low requires that on.	has been signed by t permit. Then pilose
ATTENDING PHYSICIAN, The forespiral or offending physician.	After this certificate are as the build trans-
ATTE	BETON BETON

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR		DEPART		IEALTH AND MENTAL TYG	REG. I	40		
	ECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b HOUR
(14)	PE OR PRINT) Joan	G	arrity	0	Connell	Allo	. 24,	1985	10:30 R
3. 51		4. RACE	ar I I O,	5 DATE		6 AGE (IN YEARS LAST E		IF UNDER 1 YEAR	
	Female Whit			Jul		67	YRS	MONTHS DATS	MÖURS MIN.
7a. 8	BIRTHPLACE (STATE OR FOREIGN TIllinois		WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Montgom	_	TY OF DEATH	MD.
	hevy Chase	LIE NOT IN SUIC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Sda Retii	ADDRESSI	Center Center	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Head of Vi	TIONDER OF WORKING rolog	12b. KIND INDUSTRY Weste	of Business or North- rn-Mem-Ho
U50 13a.	UAL RESIDENCE (IF NURS STATE TIlinois	MIA	GIVE RESIDENCE BEFOR 13c CITY OR TOW Chicago	e admission) /N	13d. INSIDE CITY LIMITS? YES NO	13: STREET ADDRESS 1350 Lake		a	60610
12.5	FATHER'S NAME FIRST William J. Ga:	middle rrity	LAST .		15. MOTHER'S MAIDEN NAME FIRST	MË		Conn	or
	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADD	RESS N . W	. Wash.	, D.C.
	Yes WM	VE WAR OR DATES)	351-10-9	9265	Catherine Har	kins. 6207	Broa		-
	18 CAUSE OF DEATH (Enter only one couse per line for rot, (b., and rown part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Small cell carcinoma of Lung							APPRO BETWEEN	XIMATE INTERVAL LONSET AND DEATH
NO	couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEQUI		NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	GIVEN IN PART 1	10
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH			OPERATION WAS PERFORMED 200 AUTOP			PSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE			8 PART I OR PART 2)	
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		REET FACTORY OFFICE F		211 LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
	27a I certify that (I) (this hasp sow the deceased alive or above, (I) (we (did)) (who	Aug. 2	e deceased from	35 , o	nd that in (my) (out) opinion (to Aug		our and from the	that (I) (we) lost couses stated
	22b. SIGNATURE	S. 1	ADMA.		DEGREE ATTENDING PHYSICIAN	MEDICAL ST.			E SIGNED
	Louis S. I		00		27. ADDRESS 5401 Wester	n Ave, NW,	Washi	ngton,	D.C.
230.	BURIAL, CREMATION, REMOVAL (SPECIF Burial	236 PATE 8/29/	/QE		ry Cem	23d LOCATION CITY OF TOWN Chicago	IL.	COUNTY	
24. F	FUNERAL DIRECTOR Jose	oh Gawle Sin Ave.	r's Sons N. Woore Wa	Inc. ash. I	O.C. AUG	3 0 1985	SV RES	doresin	URE .

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2	28140		ems 18 FOR STATE	3-22a 10/.		DEPARTMENT OF	HEALTH			2 3 4	10	
~	COLAO		REGISTRAR		ME	DICAL EXAMIN				REG. NO.	1000	
*	/		EASED NAM	E FIRST		WIDDLE		LAST	2 a	OF ESTI-	MONTH DAY	YEAR 26. HOUR
*	CHES SES			Robe	rt	Stephen		'Connell		DEATH MATED	8/ 10/19	85
	SE S	3 SEX	5-3-1	4 RACE	5. DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD		DER 1 YR. IF UNI		DATE ONOUNCED	MONTH DAY	YEAR HOU
	ON 2 OUR	M	ale	Cauc.	Feb. 10,	1956 29 v	RS.	IS DATS HOURS	Mile I	DEAD	8/ 10/19	9 85 A A
4	IS NECESSARY, PLEASE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. D. WITHIN 72 HOURS I.W. PRESTON STREET,	7a BII	RTHPLACE (S	TATE OR	76 CITIZEN OF WI	HAT COUNTRY?	8 MARRI	ED NEVER MA	ARRIED X	BALTIMORE CITY OF		
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	A PILED.	10. C1	Y OR TOWN	OF DEATH	11 NAME OF HOS	SPITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a USUA	LOCCUPATION (TYPE O	OF WORK 126 KIND	OF BUSINESS
	PEFF	5	Silver	Spring	1400 Blo	ock Grand P	re Dr	ive	Prin			ting
	PRO BE	USUA 13a ST	LRESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GI	130. CITY OR TOWN	ION)	13d. INSIDE CITY LIMIT	a lia conce	T ADDRESS		
2130	\$202000		arvlan			Rockville	2	YESX NO	13303	Oriental	Street/	20853
9	1000007		THER'S NAM					15 MOTHER'S MA				
2.4	生活定量医 1/		FIRST	1 1	oseph					WIDDLE	Jones	T.
NO.	COLE PO	Ida V		DEVER IN U.S. AR	MED FORCES?			17 INFORMANT		ADDRESS		
SALTIA	S ATE GIVE P PAGES VISION		s, no, or unkno No	OWN) (IF YES, GIVE	WAR OR DATES)	215/66/6	841	Michael	Joseph	O'Connell	(father)	#13e
13	N T N		18 CAUSE C	F DEATH (Enter on	ly one cause per line	for (a), (b), and (c).)		,				
N.	A ERV		PARTIDI		TE CAUSE (o)	O'Connell Thelma Jones 15. MOTHER'S MAIDEN NAME FIRST Thelma Jones 166. SOCIAL SECURITY NO. 215/66/6841 Michael Joseph O'Connell (father) #13e for (a), (b), and (c). Diabetes mellitus						
ESTON 3 HIN 24 H I IN ITEM R ALONG VSIT PERA HYGIEN	SYNA PASS	DUE TO, OR AS A CONSEQUENCE OF								100		
200	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA				(b)					1 1 1		
*	NAME AND		cause (a) stating the under-		AS A CONSEQUENCE	OF			1.3	14.00	
201	ON,		Tyling Co.	35e 1051.	(c)							
DIVISION OF VITAL RECORDS, 201	FICATE SHOULD BE EXECUTE THE WORD "PENDING" IN 10 THE CHIEF ARDICAL EXA GOULD BE USED AS BURNAL (RTMENT OF HEALTH AND M OR TO BURIAL, CREMATION	Conditions, if any, white gave rise to immedia cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE 1ERA	AINAL OISEASE	OR CONDITION GIVEN I	N PART 1 a				
EC	MEDIC MEDIC MEDIC AS A E EALTH, CREM.	OF.	In DATE OF	OPERATION	TION CONDI	TION FOR WHICH OPER	MINOLIA	AS PERFORMED?			120 4111	TORCYS
¥	S'AL SEE	FIC			170 CONDI	HOM OK WHICH OF ER		ASTERIORNED:				
5	PE BE CHANGE	E T	21e EXTERN	AL CAUSE WAS	21b. TIME OF	F INTUIDY	121, HC	W INTERVOCAL	DDED SENTER MAI	URE OF INJURY IN ITEM 18 PA		s 💢 NO 🗌
ō	G THE VIEWER ARTME			OR NG CAUSE OF I		MONTH DAY YEAR	R	JAV IIAJOKI OCCO	KKED (EINIER INA)	ONE OF INJUNE IN HEM IS FA	INTTOKPANT2)	
0		MEDICAL	21d INJURY			OF INJURY (AT HOME,	216 100	CATION				
2	CERTING DED DED E 3 SH	MEC				TORY, FARM, ETC.)		TREET		CITY OR TOWN	COUNTY	STATE
	WRITHIS C WARDE PAGE 3 17ATE D 21201		AT WORK	NOT WHILE C								
	A TE, ORV ORV 4D,		22a I cert	fy that I took charg	e of the remains des	scribed obove, held an	Autop	sy X. Inspe	ction .	Inquiry , and	in my opinion	
	L EXAMINER: E CERTIFICATE DULD BE FOR IL DIRECTOR: H, WITH THE S H, MARYLAND,		death result	ed from: Natur	al auses .	Accident . Su	icide 🔲	, Homicide	. Undeterr	nined monner .		
	XX ERT ID E	100	V. SELULIO	M	201			TITLE (SPECIFY)			-
	ALE ALE		ACTUAL SIGNATURE		1/		M	D. Assista	ant_MEDIC	AL EXAMINER	DATE SIGNED 8	/11/85
	DIC STEEL				-							
	TO MEDICAL EXAM EXECUTE THE CERTI - PAGE A SHOULD STO FUNERAL DIRE AFTER DEATH, WITH BARTIMORE, MARY	-	EXAMINER'S (TYPE OR PRI	NT) Gre		Kauffman, M.		ADDRESS	111 H	Penn St.		
	DX 4 D A	23a BL	JRIAL, CREMA	TION, REMOVAL 2	36. DATE - A110119	st 23t. NAME OF CE	METERY O	RCREMATORY	23d 1OC	ATION	COUNTY	STATE
07/84	BP/269	_	Burial		14, 1985	Gate of	Heave	n Cemete		er Spring,	Mary1an	d
25M	DHMH - 17			TOR Rober	t A. Pump	hrey Funera	I Hom	es. 250. DA	TE REC'D. BY RI		TRAR'S SIGNATUR	
	(VR A15 ME (5))		1 APONE		Maryland				AUG 1 4	1985	Davidson-A	andelle

IMORE, MARTIAND 21201	be hours offer o	the control of the control of the function of the control of the c	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOKE, MAKTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAM. The low requires that the death certified to be marined whin 24 hours after a retained by the hospital or oftending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the otherwang in the contract of the first particle of the bund-stransist permit. Then please remove companion to the principle of the bund-stransist permit. Then please remove companion to particle of the bund is result to filled with with the State Dept of Health and Mental Hygiene prior to burial, cremotion, and the state of Health and Mental Hygiene prior to burial, cremotion, and the state of Health and Mental Hygiene prior to burial, cremotion, and the state of Health and Mental Hygiene prior to burial, cremotion, and the state of Health and Mental Hygiene prior to burial, cremotion, and the state of Health and Mental Hygiene prior to burial, cremotion, and the state of Health and Mental Hygiene prior to burial, cremotion, and the state of Health and Mental Hygiene prior to burial, cremotion, and the state of Health and Mental Hygiene prior to burial, cremotion, and the state of Health and Mental Hygiene prior to burial, cremotion, and the state of Health and Mental Hygiene prior to burial, cremotion, and the state of Health and Health a	9
	TO HOSPITAL	TO FUNERAL should be deto with the Stote	IMPORTANT: I

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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I			STATE	OF MARYLAND	2 2 .	5 4 1	
1	FOR 1 - STATE	DEP	PARTMENT OF HE	ALTH AND MENTAL HYG	TENE	A	A contract
1	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO)	
T	DECEASED NAME FIRST	MIDDLE	LAS	ST		MONTH DAY YEA	AR 2b HOUR
1	(TYPE OR PRINT)	E	200	ctain	Duc.	IST 22 19	85 4010.
-	3. SEX	4 RACE	Is DATE OF	stein	HUGI		
1	~~~		MONTH	DAY YEAR	ACE (III TEARSTAST SIK)		PATS HOURS MIN.
L	() ale	White		19 31	2,	YRS	
¥	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED	☐ NEVER MARRIED ☐	9 BALTIMORE CITY OF	COUNTY OF DEAT	н
1	Washington, D.	C. U.S.A.	WIDOWED		MONTGOT	nERY Co	ounty MD.
Ŧ	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OTHER INSTITUTION	128 USUAL OCCUPATION		ND OF BUSINESS OR
1	Silver Soring	111 00	oss Ho	SPITAL	Brick Mase		nknown
Ŧ	ISUAL RESIDENCE HE HURSING HOME OR 130. STATE 135 COUN	ROTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	AL ALCOS CITALIANTES	La crosse Apposes	7:0 0000	
	Maryland Pr.	Geos. Lau		136 INSIDE CITY LIMITS?	3385 Ye	llow Spr	ings20810
_	4 FATHER'S NAME	00001 = 000		S MOTHER'S MAIDEN NA			
Ŧ	Joseph A.	. Ofenste	ein. Sr.	Mary	Agnes	H	odgkins
1	60 WAS DECEASED EVER IN U.S. AR			17 INFORMANT			
1	(YES NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES)			Ofonatoin	2733 Loci	klaven Dr
-	Yes Arn	пу [5/6-3	36-9103	Joseph A.	Orenstern		
ı	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	aly ane cause per line for (a), ((b), and ic			BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
L		TE CAUSE (a) Card	liosenic	Shock			
1		DUE TO, OR AS A CONS	SEQUENCE OF				
I	Canditions, if any, which	((b) MITT	ral Requi	vs ita hiar			
Т	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
	underlying cause last	(c)	52 402. 102 0.				
	PART 2 OTHER SIGNIFICANT O		G TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN IN PAR	₹T lia
1	NO						
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	DITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WERE FI	
	₹				YES T NOT	IN CERTIFYING CAL	USES OF DEATH?
+	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21c HOW INJURY OCCUR			
	OR COLUMN THE CALLER OF OR	ATH HOUR A.M. MONTH	H DAY YEAR				
1	(IF EITHER NOTIFY MEDICAL EXAMINES	P M. 21e PLACE OF INJURY	19	21f LOCATION			
1	WHILE NOT WHILE	(AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OF TOV	VN COUNT	Y STATE
	AT WORK AT WORK			1	6. /-		
1	220.1 certify that this haspi			19_85			, that (1: (we) last
1	saw the deceased alive on	View the body after death,	19 85, and	that in (my) (aur) apinian	death accurred on the do	te and hour and fram	the causes stated
1	THE SIGNATURE	1 1	DI	EGREE			ATE SIGNED
1	m- 70	righter or		PHYSICIAN	MEDICAL STAF	IAN [8	123/67
1	THE PHYNCIAN'S NAME TYPE		44.0	22e ADDRESS	4 .0	0	707
L	John M	ARGOLIS.	14/	14333 640	rel beare	Rel Suite	20/
+	230. BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CE	METERY OR CREMATORY	23d LOCATION	2-70	
1	(SPECIFY) Burial	8/27/85		Hill Cem.	Suitla	nd P.G.	Md.
1	A SUMEDAL DIRECTOR				E REC'D. BY REGISTRAR		NATURE
1	Hales Lann	am Funeral	Home		E mani /	ia Davidson A	andalle
F	9013 Annap	olis Rd. La	nham, Mo	1.2070 P.O	O 13001 344	A tomo lands and	

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P.A. 7557 Wisconsin Ave. Bethesda, Maryland

(VR A15 ME (5))

STATE OF MARYLAND

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12162	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HEGIENE 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG.	i i j
. S. S. F. T. S. S. S. F. T. S. S. S. F. T. S. S. F. S. S. F. S. S. F. T. S. S. F. T. S. S. F. S. S. S. F. S. S. S. F. S. S. S. F. S.	1. DE	CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN	MONTH DAY YEAR 26 HOUR Aug 24 19 85
DIRECTO DUR FILE 72 HOUI ON STREE	3. SEX		S. DATE OF BIRTH MONTH DAY Aug. 8, 1923 6. AGE (INYEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTHS DAYS HOURS MIN. PRONOUNCED DEAD Aug.	MONTH DAY YEAR 20 HOU Sust 26 19 85/20
SS A STAN	N	RTHPLACE (STATE OR REIGN COUNTRY) EW York		or County of BEATH nery County, MC
	R	ockville	203 Manakeen Street Chief working & Planning	olicy Narthbornal Weather Ser
AND 3 AND 3	13a. S	MD MIN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) HTY 13d. INSIDE (ITY LIMITS? 130 STREET ADDRESS YES PIO 203 MANA.	KEE ST 20850
PW 3	1	THER'S NAME Dennis	O'Meara 15. MOTHER'S MAIDEN NAME FIRST FIRST Frances	Kennedy
AFTER I	160. V	S, NO, OR UNKNOWN) (IF YES, GIV	MED FORCES? WAR OR DATES) 381-16-8730 Christina O'Meara F1	1300 SEN AVE
FEM 18. CONG WILL FERMIT. PRENE, DIN		PART I DEATH WAS CAUSE	TE CAUSE (O) IN CARDIAL INFARCTION,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACUTE
UTED WITHIN 2 IN PENCIL IN II EXAMINER ALC RIAL - TRANSIT P D MENTAL HYG ON, OR REMOV		Conditions, if ony, which gave rise to immediate cause (o) stoting the <u>under</u> lying cause last.	(b) HRIERIOSCUEROTI E CARDINASCUCAL DA	imse inder
BE EXECUDING" EDICAL S A BUIL TH AN REMATI	ATION	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 -01.	
SHOULD SRD "PER MICHIEF MICHIE	CERTIFICATI	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES □ NO 🐼
THE WOOD BE HOULD BE ARTMENT OOR TO BE	CAL CERT	210. EXTERNAL CAUSEWAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH MP.M. & LY 1988 CULLARSED AT HOD	18 PART I OR PART 2)
24 - 10 D W	1 0	THE INTILIBY OCCUPATED	A 214 DI ACE OF INITIDY AND	

TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFIER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 P

AT WORK AT WHILE death resulted fram:

220. I certify that I toak charge of the remains described above, held an

Homicide ___ TITLE (SPECIFY) Deputy

DATE SIGNED Aug. 27, 1985

EXAMINER'S NAME Francis C. Mayle , M.D.

230. BURIAL CREMATION, REMOVAL 236 DATEA ug. 30, 1985

St. Mary's Cemetery

23d LOCATION Rockville, Maryland

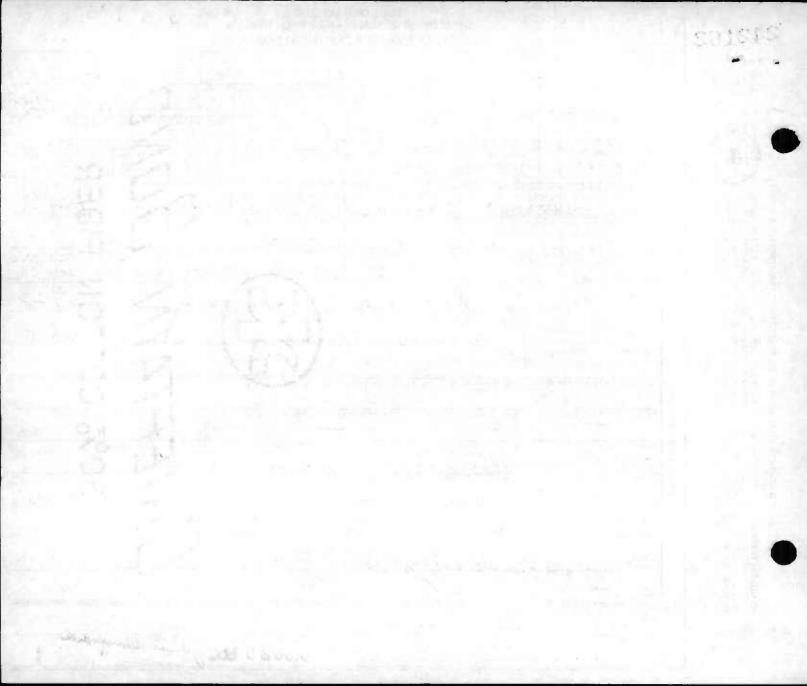
8200 Wisconsin Ave. Bethesda, MD

Homes, P.A. Bethesda, Maryland 20814

Undetermined manner

07/84

DHMH - 17 (VR A15 ME (5))



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FUNE AL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the fundable letter the formal be lettered for use as the bunal-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within the siste Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

NG PHYSICIAN.

(VRA 15, 4)

ORTANT: If them 21 is marked at them 18 s Cessany

CORDS, 201 W PRESTON ST., BALTIMORE, MA

FOR STATE PEGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AYGIENE CERTIFICATE OF DEATH

		REGISTRAR		CEKTIF	CATE OF DEATH	REG. N	D.	
	I. DEC	CEASED NAME FIRST	MIDDLE	1	AS1	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	(ITPE		MicHAEL	O'Ne	ill	8/11/85		1 DM
	3. SE>		4 RACE			6. AGE (IN YEARS LAST BIR		
		MALE	WHITE	MAR		900 80	YRS.	S HOURS MIN.
1			76 CITIZEN OF WHAT COUN	TRY? 8.	NEVED MADDIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
		IRELAND	U.S.A			1 MONTE	mery	MD.
1	10 CI	TY OR TOWN OF DEATH			ROTHER INSTITUTION			OF BUSINESSIOR
Ų.	B	ethesda	SUBURBAN	J HOS	PITAL	INSTRUC	TOR U	S GOUT
1	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	134 INSIDECITY LIMIT	S? 13e STREET ADDRESS	ZIP CODE	10/14
1			ONE WAS	H.D.C.	YES NO	2020	F. ST. 1	V. W/
11	14 FA		MIDDLE LAS	ī		NAME		LAST.
11		UNAU	HILARIE			UNAVAI	A-R/E	
17				SECURITY NO.	17 INFORMANT			7. N.W
2	,		to consider the same of	12-4091	ANITA I	SIGSON IL	ASH . D.	2
5		18 CAUSE OF DEATH (Enter or	ily one couse per light for (o), (bi And (c)	1 - 4	1 -4-	NETWEE	COST MINES
				N/ N/	sprilly	Duren	Come	ser
			DUE TO, OR ASIA CON	SEQUENCE OF	2 mlane	16.11.		,
		Conditions, if ony, which	(b) (A)	WO !	gryyru.	- Income	1	
4		couse (a), stoting the	DUE TO, OR ASIA CON	SECULENCE OF	tien	/		
		T	1 0 11	Java	rum	_		
	N	PART 2. OTHER SIGNIFICANT	A MY // I	wind	MOT MELATED AD THE	TERMINAL DISEASE GOTON	DITION GIVEN IN PART	lin-
11	ATE	19a DATE OF OPERATION	IN CONDITION FOR W	HICH OPERATIO	N WAS PERSORMED	20s AUTOPSY		
-	TIFIC				0	YES NOT	YES	NO [
1	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	L DAY VEAD	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJU	THEM IS PART I OF PART ?)
7	AL		AIII	1 DAT TEAK	100.00			
	EDIC	214 INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO	WN & COUNTY	STATE
	×	WHILE NOT WHILE AT WORK	[AT HOME, STREET, PACTORY, C	PFICE, FARM, ETC.)	1		1.4	
		220 I certify that (I) (this bosp	tal) attended the deceased	199	100, 19	10	dela	that (we) last
		sow the deceased alive on	t) view the body offerth	(9) / . br	d that in (our) opi	mion death occurred on the de	ote and hour and from th	ne couses stated
		226. SIGNATURE	1. 10			•		TE SIGNED
		110041	land of		ATTENDIN PHYSICIA	MEDICAL STA	IAN D	112/11
1		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	/ / / /	22e ADDRESS	11 1/2	11,1	0010
1. DECEASED NAME INFE OF PERMOT INFE OF PERM		1061.1						
			23b. DATE	23c. NAME OF C	EMETERY OR CREMATO	ORY 23d LOCATION	COUNTY	STATE
		CREMATION	1449.18,1985	MEIRO	poliTAN (PE	natory Alex	Maidein	(24.
	24 FL	INERAL DIRECTOR	Fille Val ADD	RESS 2222	Wisc. AUT 250	DATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE
	Di	EVOL FUNER				and the second second	W	1.00

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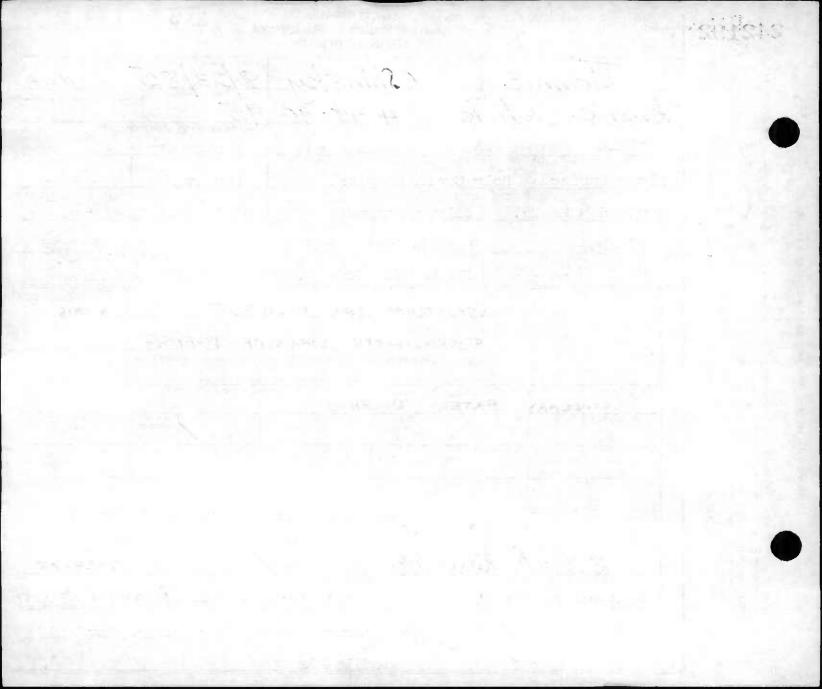
DHMH - 16 60M 7/B

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE	OF DEATH	REG. NO.		
	1. DECEASED NAME FIRST	WIDDLE	OA 19ST	1	THE DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	Jen	nie	Oshin.	SKY	8/23/85)	11:00 F
	3 SEX	4 RACE / 2/	5. DATE OF BIRTH	J.	4. AGE/INTENSIAN BRIDGES	FUNDER I YEAR	IF UNDER 24 HRS
	+emale	White	4-1	-90	95 YES	DATS	HOURS I MIN
8	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	VER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH	
3/1	Poland	USA	WIDOWED	DIVORCED	Montgomery		٨
3/0	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE		RINSTITUTION	12a USUAL OCCUPATION	126 KIND OF	BUSINESS
20	Silver Spring	Holy Cros	ss Hospita	1	Housewife		
物:	USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BE UNITY 136 CITY OR T		IDE CITY LIMITS?	130 STREET ADDRESS / ZIP COD	E	209
20	Maryland Mo		er Springs		1220 East	West Hw	7y •
	A FATHER'S NAME	MIDDLE LAST	15 MO	THER'S MAIDEN NA	WE	LAST	
04	Pinchos		shefsky	Rochel		Levashe	fsky
00/	160 WAS DECEASED EVER IN U.S. A	CIVE WAR OR DATES		DRMANT		kville,	
16	(YES, NOOR UNKNOWN) (IF YES (578-48	8-4445 Br	ian K. We.	il; 12238 Tilden		
€ [18 CAUSE OF DEATH (Enter	only one couse per fine for (o), (b)	, and ici.i			BETWEEN OF	NATE INTERVAL NSET AND DEAT
1	PART I. DEATH WAS CAU	ATE CAUSE (a) CEAEBI	ROVASCULA	A Acci	DENT	8 DI	075
la di	PART 2 OTHER SIGNIFICAN CORCERS		10		NINAL DISEASE OR CONDITION GI	AEIA IIA LWKI IIO	
15	Corcus	196 CONDITION FOR WH				S, WERE FINDING	
3/	DI III					IFYING CAUSES (OF DEATH?
27	210. ACCIDENT WAS UNDERLYING			W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
4	OR CONTRIBUTING CAUSE OF L		DAY YEAR				
3/	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LO	CATION	CITY OR TOWN	COUNTY	STATE
3	NOT WHILE AL WORK	(AT HOME STREET, FACTORY OFF	ICE FARM, ETC)	SINCE	CIII ON JOHN		JIAIC
8	22a I certify that (I) (this has	pital) attended the deceased fro	m AUG- 2	7 19 95		. 19. 25 . H	hat (we)
2.0	sow the deceased alive	not) view the bady pter death.	9 85 , and that in	(my) (aur) apınian	death accurred an the date and ho	or and from the cr	auses stated
E .	226. SIGNATURE	1014	DEGREE			22c DATE S	IGNED
-	Millin	MP. Xlery	WY	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-2	4-85
3 /	22d PHYSICIAN'S NAME (TYP	OR PRINT)	22e AC	DRESS	_		- 0/
PORT.	WILLIAM A	STERN	14	PZO PHYS	ICIANS ZN, , ROC	KVILLE	19.20
37	23a BURIAL, CREMATION, REMOVA	AL 23b. DATE 2	136 NAME OF CEMETER		23d LOCATION		
_	Burial	8-25-85	Judean Memo	rial Garde	ens Olney, Mont	g., Marv	land
A 7/B4	24 FUNERAL DIRECTOR	Rockv	ille, Md.		E REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATU	
)	Danzansky-Goldb	erg Chapels: 11	70 Rockvill	e Pike	3 8 100 Julia 1	enigran-hau	
		The second second second					



DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9		REGISTRAR		CER	ITICATE OF DEATH	REG. N	40	
7		CERSED NAME RUBY	٨	W. O'S	steen	26 DATE OF DEATH	8-15-85	5 15AM
		MALE	CAUCAS	MC	NE 29, 1927	6 AGE (IN YEARS LAST B		EAR IF UNDER 23 HRS AYS HOURS MIN
		LTNOTS	U.S.	MAR	RIED NEVER MARRIED DIVORCED [Mont	gomery	Countyno.
0	y g	Bethesda	(IF NOT IN SUC	bur Son	HOSPITU	178 USUAL OCCUPATE TYPE OF WORK FOR MOST EDITOR		OF BUSINESS OR TRY
1	MA	AL RESIDENCE (IF NURSING) OME OF STATE 136 COUNTY FREDE	1TY	GIVE RESIDENCE BEFORE ADMISSION IN THE PREPARAGE TO THE P	YES XX NO	8206 M	ORNING DEW	LANE 2170
1	34 +2	DAVID	RAYDA	WOOLRIDGE	15 MOTHER'S MAIDEN I	TH	LIGG	
2			MED FORCES?	348-22-7070	3014		108 STROMKO LSTON,MD.	21047
		18 CAUSE OF DEATH Enter or PART 1. DEATH WAS CAUSE IMMEDIA:	E CAUSE (a)	line for (a), (b), and (c). Replication of the control of the con	itory Fa	ilene	APP	PROXIMATE INTERVAL EEN ONSET AND DEATH LAGA-
		Conditions, if ony, which gave rise to immediate cause ial, stoting the underlying cause last.	DUE TO, OF	Millorll RAS ASONSEOUENCE O Billor	& lone	egoliey.	3	1/2 42
3	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CO	INTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TE	RMINAL DISEASE OR COM	NDITION GIVEN IN PAR	110
2	THICAT	14s DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FIN IN CERTIFYING CAU YES	
7	CAL CER	? To. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	M. MONTH DAY YE		URRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART	2)
1	MEDIC	WHILE OCCUPRED AT WORK AT WORK	?1e. PLACE (OF INJURY EET FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR E	OWN COUNTY	STATE
		228. certify that (1) (this hospi saw the deceased alive on abave, (1) (we) (did) (did no	144	19 FF	, and that in (my) (aur) opinio	on death occurred on the o		that (I) (we) lost the couses stated
		22b. SIGNATURE	Leb	e. ~	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF	ATE SIGNED
1		27d. PHYSICIAN'S NAME (14PEC	P. LI	bre mo	27e ADDRESS	416 Con	M & 20	5A-
		BURTAL	8/17/85		F CEMETERY OR CREMATOR	Y 23d LOCATION CITY OF TOWN ROCKVIL	LE MON	TGOMERÝ MI
			IS J. CO	LLINS	25a C	ALIG 1 9 1005		
		THE TANK A COLUMN TO A WAY	A. p. C. A. See Y. See I.	O. Italia			1965	4 1000

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DEPARTMENT	OF	HE	ALTH	AND	MENTAL	HX

		FOR STATE			EPARTMENT			-		4 3	. 1				
	J	REGISTRAR		MED	ICAL EXAM	MINER'S	CERTIFIC	ATE OF	F DEATH	REG	. NO.				
		CEASED NAME OR PRINT)	NE FIRST		MIDDLE		LAST		2a DA	TE KNOWN	MON	TH DAY	YEAR	26 HOUR	
		JOHN		V .	W.	Ol	VENS J	R.		TH MATED		8 13	1985	1825 M	
	3 SEX	(4 RACE	S. DATE OF BIRTH		(IN YEARS IF U		UNDER 2		ATE	MON	H DAY	YEAR	2d HOUR	
	M	ale	C	07 10		7 YRS.	HS DAYS	HOURS		OUNCED EAD	(8 13	1985	1828	
2	7a. BIF	RTHPLACE (STATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8. MARE	IED NEVE	RMARRIE	9. BAL	TIMORE CIT	Y OR CO	INTY OF	DEATH		
2		exas		United	States	WIDOV		DIVORCE		MONIG	OMER	v co	UNTY	7 AD	
	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSP	ITAL, NURSING H		HER INSTITUTIO	NC	120. USUAL OC	CUPATION	(TYPE OF WO	RK 12b KI	ND OF BURINDUSTI	SINESS	
2	E	BETHEST)A		N HOSPIT				Precis	working Life)	Inst		N.I.		
7	USUA 13a S1	L RESIDENCE	I IF IN NURSING HOME C	R OTHER INSTITUTION, GIVE		DMISSION)	13d INSIDE CDY	LIMITED	III a	aker		21	181	1-1	
2		MARYLE		T GOLHERY	BETHE				5221	POOK	5 H	11.1.	RN	1	
7		THER'S NAM					IS MOTHER	S MAIDEN	NAME	WIDDLE		700			
		Joh	n V	Veslev	Owens	. Sr.	7 111.0	ggie	. 1	Bohan		_	ndv		
	16a. W	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			166. SOCIAL SEC		17. INFORMA	NT			ES\$ 62		Glenhurst		
	115	Yes	WW]		462-07	-8251	Jack		ster . Camp	phell	Da	llas	las, Texas		
		II. CAUSE O	OF DEATH (Enter on	ly one couse per line f			100011		J. Carrie	A Secondary		A	PPROXIMATE	INTERVAL	
	Test!	11. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)										ACU:			
		(DUE TO, OR AS A CONSEQUENCE OF													
J		Conditions, if any, which gave rise to immediate (6 CORONARY ARTERIOS (LOTOS) 15										1	INDEF		
		gove rise to immediate couse (a) stating the underlying couse lost. (b) UNIA HRY VR 16(0.0 \$ CONSEQUENCE OF										770051			
		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO TH	E TERMINAL DISEAS	E OR CONDITION G	IVEN IN PART	T la						
	NO			4	arte.										
5	MEDICAL CERTIFICATION	19a, DATE O	FOPERATION	196 CONDITI	ON FOR WHICH	OPERATION V	AS PERFORME	ED?				20 /	UTOPSY?		
4	TIFIC		-/	100		-							YES 🔲	NOD	
2	CER	216. EXTERNAL CAUSE OF INJURY A.M. MONTH DAY YEAR LINITED TO THE LONG TO THE LINITED TO TH									R PART 2)				
2	AL	UNDERLYING CONTRIBUT	G OR ING CAUSE OF I	11 5 3 6		965	COLLA	MSE	-D /	N ST	TRE	ET			
	EDIC	21d INJURY		/ 21e PLACE OF			CATION	1							
	2	WHILE AT WORK	NOT WHILE	57	REET	118 K	ON WILLOS	liva	7 R	OCKUIL	5 M	COUNTY		STATE	
				e of the remains descr	ibadabana kald	on Autor			1						
		death resul			Accided Accided	_	1	nspection		′	ond in my	opinion			
		death resul	red from: Notul	of couses .	Accident .	Suicide	I. Homicide		Undetermined	monner L	,				
,	1	ACTUAL	1	101	1/4//	//A.	TITLE (SPE	T.			DA	TE S	-/4	100	
1		SIGNATURE	-	ere qu	Juna	Nas N	1.D	7	MEDICAL EX	KAMINER	SIC	NED_O	111		
		EXAMINER'S	NAME RAN	ess C. M.	MULE	Iv	ADDRESS 82	LOO WI	(SCAPALIA)	Hox L	2014	36 1	MA	20818	
	23a.BL	IRIAL CREMA	TION PEMOVALLE		123c NAME O	F CEMETERY C	OR CREMATOR		23d. LOCATIO	N			7112	V /	
	(5)	Bur	ial	17,1985	0 .		eaven		Silv		20 1	YINUO MA	aryl	and	
				T A. P.UM				DATE RE	EC'D. BY REGIS	TRAR 25 INTR	rinc	SSIGNAT	URE		
	P.	A., 75	57 Wisc	onsin Av	e. Beth	esda,	MD	AUG	16 9	35	مملها لنها مرشار		of just were	Aug.	

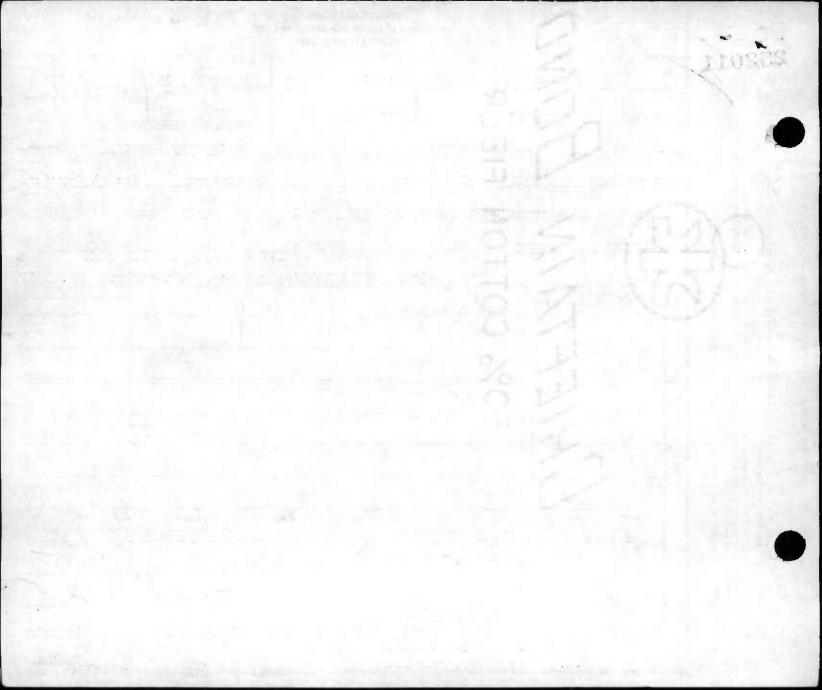
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE CERTIFICATE OF DEATH

2014	L	STATE REGISTUAR CEASED NAME	FIRST	100	WIDDIE	CERTII	ICATE OF DEATH	REG. N	O HTMOM	YE AR	In House
"TT		E OR PRINTI		1 a A		D = -1-	1			TE AR	2b. HOUR
1 8	1.58		atric	RACE AD	n Kelly	Pack Is. DATE (August 31		INDER I YEAR	7:00P
1						MONT	DAY YEAR		MON	THS DATS	HOURS MIN.
The same of		Female IRTHPLACE (STATE OR FO	INC ICAL	Caucas	F WHAT COUNTRY?	June		51 9 BALTIMORE CITY O	YRS	DEATH	
TE LG		COUNTRY)	WE GH			MARRIE	D NEVER MARRIED	_	_		
1 14		ew York ITY OR TOWN OF DEAT	Н		d States	WIDOW IG HOME	DIVORCED XX	Montgome			F BUSINESS O
30				(IF NOT IN S	UCH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY	
1 10	USU	ithersburg AL RESIDENCE HE NURSIN STATE	IG HOME OR	TYZJO	Racine Co	ADMISSION		Supervisor		ociai	Servic
16								13e.STREET ADDRESS		_ /	20879
1	-	ryland ATHER'S NAME	MOIIL	omery	Gaithers	burg	YES NOXX	19238 Raci	ie cour	L /	20079
NA		FIRST	_	AIDDLE	Kelly		Martha	WIDDLE		Fr	
JEN .	16a \	Edward WAS DECEASED EVER IT		roy_		IRITY NO.	17 INFORMANT Laur:	Agnes	SSed Do		
11		YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	005-32-5		9821 Helling				
2/	\vdash	No	-				19021 Relling.	Ly Place, G	althers		MATE INTERVAL
de de		18 CAUSE OF DEATH PART I. DEATH WA	SCAUSED	BY:	er illier pritar, tor, ar	0.0	1 1.	. 0		BETWEEN	ONSET AND DEA
permit Then ple ne prior to thurin es only injury, or	CERTIFICATION	PART 2 OTHER SIGNI				No. 0	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, W	ERE FINDING CAUSES	NGS USED OF DEATH?
1117	ER	210. ACCIDENT WAS UNDE	RLYING	21b. TIME	OF INJURY		21c HOW INJURY OCCURE	YES NOX	YES [NO 🗌
117		OR CONTRIBUTING CA		The second second	A.M. MONTH D						
F # /	MEDICAL	(IF EITHER NOTIFY MEDICA			P.M. E OF INJURY	19	21f LOCATION				
po po	X	WHILE NOT WHILE	E 🗍	(AT HOME S	STREET, FACTORY, OFFICE	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
6 6		22a I certify that (I) (al) attended	the deceased from	8/	3/ 10 75	9	1 10	83	that the fwell
T T		naw the deceased	d olive on_		7 19	10	nd that in (my) (our) opinian (death occurred on the de	ate and hour an	nd from the	causes stated
Ta f		DEGLEE 22c. DATE SIGNATURE 22c. DATE SIGNED									
E D		1/11/1		1	cat	04	ATTENDING PHYSICIANI	MEDICAL STAL	F	9/	185
with the Stat	/	22d. PHYSIMAN'S NA	ME (TYPE	1	-01		22e ADDRESS	DIRECTOR DI PHISIC	O O	1	1
PORT		MARTI	V	OK.	45 M.	2	13-15	K. SHE	R TA	RC.	LRIVE
MPO /	23a.	BURIAL, CREMATION, R	EMOVAL	23b. DATE C	Sentemb	NAME OF (EMETERY OR CREMATORY	23d LOCATION			
2		Cremation					litan Cremato	cy Alexand	ria	OUNTY	Virgin:
60M 7/B4	24 F	UNERAL DIRECTOR R	obert			neral	Homes. 250 DAT	E REC'D. BY REGISTRAR	25b. REGISTRAF		
10 OUW // D4					illo Man			AFR - inc	0		30 00



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

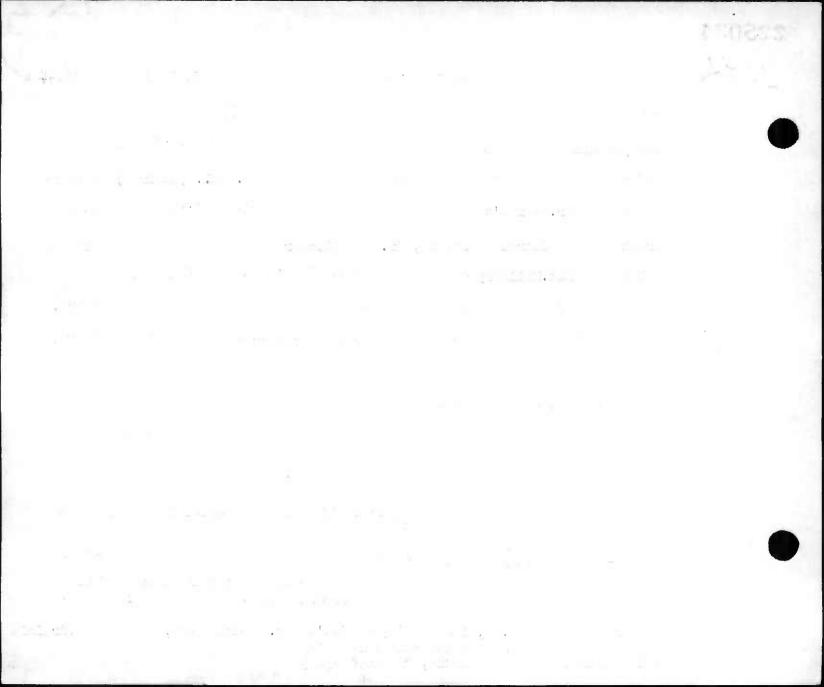
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE CERTIFICATE OF DEATH

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1		REGISTRAR				CERTIF	CATE OF DEA	VIII	REG. NO	D.		
		CEASED NAME	FIRST	,	MIDDLE	l.	AST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	ITHE	CM PRINTS	FRANK		GEORGE	PAGAN			AUGUST 5,			12:44 a
	1, 567			4 RACE		S. DATE C			6. AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	-	ALE		WHITE			UARY 3,	1926	59	YRS		- Alle
H	To BII	RTHPLACE (STATE	OR FOREIGN	7b. CITIZEN OF	WHAT COUNTR	MARRIE!	NEVER MAR	RRIED -	9 BALTIMORE CITY O			
2		ennsylvar		US	SA	WIDOWE	D DIVO	RCED	MONTGOMER			MD.
1		ty or tówn of i ETHESDA	DEATH		OSPITAL, NUR HEACHTY, GIVE STR THE CLI		ROTHER INSTITU ENTER	NOITI	(TYPE OF WORK FOR MOST O			itary
5	1134-6	ARYLAND	NA COUN		GIVE RESIDENCE BEF 134. CITY OR IC BOWLE		13d INSIDE CITY YES 🎦 NO	LIMITS?	3.53REFT ADDRESS	ZIP CODE RF WAY	207	715
1	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S M		AE MIODLE		ĮA:	SI
/	1	Frank		eorge	Pagano	sr.	Elea				Co	
7	Ma V	VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	16b. SOCIAL SE		17 INFORMANT		ADDRE	SS		
1	14	YES		e war or dates) Military	201–16	-2000	MRS. DO	ROTHY	L. PAGANO	(WIFE)		
	П	18 CAUSE OF DE	ATH (Enter on H WAS CAUSE	D RV.								MATE INTERVAL ONSET AND DEATH
	ı		IMMEDIA	E CAUSE (a)	Acidosi	ls, hyp	otension				9	hrs.
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (ib) Unresectable pancreatic cancer										yrs.
		Canditions, if a		(b)	Unresed	ctable	pancreat	ic car	icer			yrs.
		cause (a), st underlying ca		DUE TO, O	R AS A CONSEC	DUENCE OF						
		PART 2 OTHER S	IGNIFICANT	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	a a
	NO			ebro-vas				, , , , , , , , , , , , , , , , , , , ,				
/	CERTIFICATION	190 DATE OF OPE					WAS PERFORM	ED	200 AUTOPSY?			NGS USED S OF DEATH?
,	8	71a ACCIDENT WAS	UNDERLYING [7 216 TIME O	FINJURY		21c HOW IN JUE	RY OCCURR	YES X NO			NO []
		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH				22 ((14(64 3410)))			
	MEDICAL	21d INJURY OCC		21e PLACE		19	211 LOCATION					
	ME	WHILE NO	WHILE WORK		REET FACTORY OFFI	CE FARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
		27a L certify that	X (this haspi	tal) attended th	e deceased from	m Febru	ary 15	1985	to August	5	9 85	that X (we) last
		saw the dec	eased alive an	August	19	85a	d that in Kny) (ou	ir) apinion c	death occurred on the do	ate and haur	and from the	causes stated
		22L SIGNATURE	A	44	unter dedin.	- a d	DEGREE				22c DATE	SIGNED
		With	1. A	Thhu		M. D.		INDING	MEDICAL STAT		8/	5/85
ī	1	22d. PHYSICIAN'S	NAME (TYPE C	R PRINT)	7		22e ADDRESS N	ation	al Institut	es of	Healt!	h
		Keith	K.	Stepher	ison		Clinica	1 Cen	ter, Bethes			205
	23a B	BURIAL, CREMATIC	DN, REMOVAL	23b. DATE			EMETERY OR CRE		23d. LOCATION CITY OR TOWN		COUNTY	STATE
		Burial		Aug. 8			on Nat'l		Arlingto			Virginia
		JNERAL DIRECTOI	MULLE	Waters			lis Road	0.4	REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNA	TURE
	Be	eall Fune	ral Ho	ne	Bowie,	, MD 2	0715-304	3 4	16 9 1985	~ W	EN COOK	- Rando so

DHMH - 16 50M 4/83 (VRA 15, 4)



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ol director, page 3

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE

DE	-	16.1	-
K C	(3.	- IN	ı.

1	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.	
Ì	1. DECEASED NAME	MIDDLE	15	51 /	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
1	(,elit	7	PA	Ider	8 -1	10-85 8:40Am
Ì	3 SEX	4 RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	Aug.	12, 1899	85 YRS	MONTHS DAYS HOURS MIN.
1	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	☐ NEVER MARRIED ☐	9. BALTIMORE CITY OR COUNT	Y OF DEATH
1	Russia	USA	WIDOWED		Montgomery	MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE		OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR
4	Rockville	Rockville	Nursi	ing Home	Homwmaker	
1	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	20817
1		itg. Bethe		YES X NO	7420 Westl	ake Terrace
T	14. FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
1	Edward	L. Bark	an	Bessie		Fine
T	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT BE	ethesda Md.,	20817
ı	(YES, NO OR UNKNOWN) (IF YES, GIV	577-30	-3617	Cynthia Zal	brek; 7420 We	stlake Terrac
ľ	18 CAUSE OF DEATH (Enter on	ly one couse per line for 101, (b), o	ind (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DE ATH WAS CAUSE	TE CAUSE (o)	40 res	unto arras	*	mutes
1		DUE TO, OR AS A CONSEQU	UENCE OF			
1	Conditions, if ony, which	((b) arken	relati	in Condin van	ala Dirang	your
1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF			
1	underlying couse lost.	(c)				
1		ONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GI	IVEN IN PART 110
J	@ Allaheiner,	nireno	(20	sturling Re	he le	y distive.
1	M DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
Į	M2 LOTAL OF OPERATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21. HOW IN HURY OCCUPE	- 100	ES NO
4	CALLER OF BELL	- 1	DAY YEAR	ZIEROW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 7)
1	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION		
İ		TAT HOME, STREET FACTORY, OFFICE		STREET	CITY OR TOWN	COUNTY STATE
1	AT WORK AT WORK		gn_	we 77	Alexand V	10.57
1	spw the deceased alive on	tol) ottended the deceased from	CAN		eath occurred on the date and ho	1925, that (I) (we) last
1	obove, (1) (we) (did) (did no	ti view the body after death.	- /	EGREE		221. DATE SIGNED
١	O/		1	ATTENDING	MEDICAL STAFF	8-10 8=
H	224 PHYSICIAN'S NAME (TYPE O	le Granau	10	PHYSICIAN	DIRECTOR PHYSICIAN	0.70205
1	M. M.	3	(-)	717 Per	they , and	
4	77000 (7	- Granem	2 V	ALETEDY OF COCH ATORY	T23d LOCATION	916
	23ª BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	0 10 100=		METERY OR CREMATORY	CITY OR TOWN	Mary State
1	24 FUNERAL DIRECTOR	Rockvill	e. Mar	ebanon Cem.	Hyattsvil REC'D BY REGISTRAR 250 REGIS	TRAK'S SIGNATURE
	NAME	AUDRESS	-	- D. H.	1 4 1965 Julia	Javidson-Mandall
1	Danzansky-Goldber	g Chapels; 11/0	ROCKV	lle Pike		

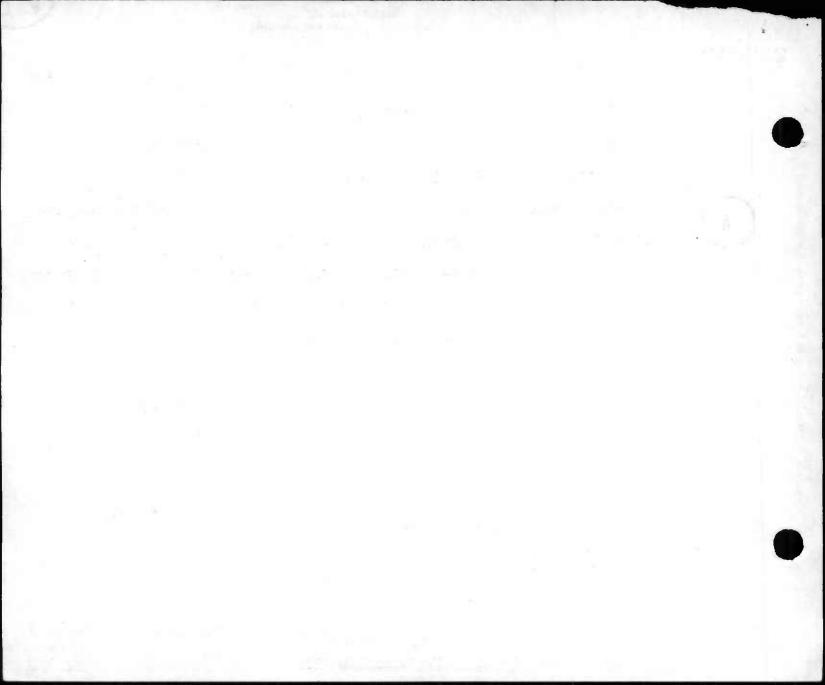
DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or

TO FUNERAL DIRECTOR, After this certificate has been signed by the offending physicion and should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event,

IMPORTANT: If them 21 is marked in the 18 the



led in by the funeral director, page 3 and defined with 172 hours offer death

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYON CERTIFICATE OF DEATH

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250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYO	REG. NO.		
	ECEASED NAME PE OR PRINT)	BERTHA		G.	PAI	PIER	AUGUST MONTH	19, 1985	945
3. SE	EMALE		4 RACE WHITE		S. DATE O	OF BIRTH BRUARY 29 18914	6 AGE (IN YEARS LAST BIRTHDAY) 71	MONTHS DAYS	HOURS MIN.
	SIRTHPLACE (STATE O	DR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	0	D X NEVER MARRIED	9 BALTIMORE CITY OR COUN MONTGOMERY	TY OF DEATH	WE
1	SILVER SPR			LEBROOK C		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF YOUNG TO WARRING THE		HOME
130	MARYLAND	IRSING HOME OF	GOMERY	SILVER S		153 1	136.STREET ADDRESS / ZIP CO		906
	SAMUÉLST		MIDDLE	HURWITZ		IDA FIRST	WIDDLE	ELLTSO	ON
	WAS DECEASED EVE NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	217-03-8		17 INFORMANT HERBERT PA		BROOK COUF	CVLAND
	Conditions, if or gove rise to it cause (o), sto underlying cou	ny, which mmediate ting the	DUE TO, O	R AS A CONSEQUE	NCE OF	FAILURE MC COLO	IN CANCER	2 4	ATE INTERVAL ISET AND DEATH UICS
CERTIFICATION	PART 2 OTHER SH					NOT RELATED TO THE TERM	IN CEF	YES, WERE FINDING	
MEDICAL CERTI	218. ACCIDENT WAS LE OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DE	ATH THE STATE OF T	DE INJURY M. MONTH DA	AY YEAR		YES NOTAL	YES [] 18 PART I OR PART 2)	мо []
MEDI	WHILE NOT AT WORK	WHILE D		OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNIY	STATE
	771 SIGNATURE 771 PHYSICIAN'S DR.	NAME LIVE OF	AUGU	en m	N	DEGREE ATTENDING PHYSICIAN		200 DATESI 8 19	IGNED 85
	BURIAL, CREMATION	N, REMOVAL	236. DATE 8/21/1			CEMETERY OR CREMATORY	ARDEN FALLS	CHURCH L	VIRĞÎNI

24 DONALDEMOR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital or attending physician.

TO HOSPITAL

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or all TO FUNERAL DIRECTOR, After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleat with the State Dept. of Health and Mental Hygiene prior to bur all.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTII	TICALE OF DE	AIR	REG. N	10		
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	LITPE	OR PRINT)	ANGEL	L	AURA	P	ARIS		AUGU	ST	21 1985	10:37PM
	3 SEX	X		4 RACE		5. DATE O	OF BIRTH	V5 4 0	6 AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
-		FEMALE		NEGRO		MARCI		1946	39	YRS		HOURS MIN.
A	7a BII	RTHPLACE (STA	TE OR FOREIGN		WHAT COUNTRY	? 8.	D NEVER MA		BALTIMORE CITY			
		YORK		UNITED	STATES	WIDOWI	- 21	DRCED	MONTGOM	ERY		MD
1	0 CI	TY OR TOWN O	FDEATH	11. NAME OF			OR OTHER INSTIT	UTION	170 USUAL OCCUPAT			OF BUSINESS OR
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2							136 STREET ADDRESS 263 CONGRE			203 2085		
Q.	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S		AE			
		LAWREN	CE	WIDDIE	GOLFE	7	DOROTH	X	TOLLIVER		POY	
		VAS DECEASED			166. SOCIAL SEC	CURITY NO.	17 INFORMAN	T	ADBIR	203 2	63 CONG	RESSIONA
	{\	YES NO OF INKNOW	10/72	4-8785	101-40-	-8942	RICHARD	AARON			ILLE, MD	20853
1		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)								APPROX	ONSET AND DEATH	
-		PART I. DE A	TH WAS CAUSE	ED BY: TE CAUSE 10)		C SHOO	CK					
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H				(c)								
d	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0										
1	CERTIFICATION	190 DATE OF OF	PERATION	19b COND	ITION FOR WHIC	HICH OPERATION WAS PERFORMED			20g AUTOPSY?	20b. IF Y	YES, WERE FINDI	NGS USED
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H	ERI	21a. ACCIDENT W	AS UNDERLYING	216. TIME O	FINJURY		21c HOW INJU	JRY OCCURR	YES NO L	_	B PART OR PART 2)	NO []
		OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH							
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١	ME.	WHILE N	OT WHILE	(AT HOME STE	PEET FACTORY OFFICE	FARM ETC)	STREET		CITY OR TO	NWC	COUNTY	STATE
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		sow the de	eceased alive on	_21 AUG	e deceased Irom UST 19	0.5			leath occurred on the d			that (I) (we) last
		27b. StOry (14)		ot; view the body	ofter death		DEGREE					SIGNED
		Us t	5/	5			AT	TENDING	MEDICAL STA			NG85
/		27d PHYSICIAN		OR THE LITT			27e ADDRESS	IYSICIAN K	DIRECTOR PHYSI	CIAN	1 200	00003
				LT,MC,U	SNR MD							-3-59
-	92 0						NAVAL H			MA. MA	RYLAND 2	20814-501
	23a B	SURIAL, CREMAT SPECIFY Crema	ION, REMOVAL				EMETERY OR CR		23d LOCATION		COUNTY	DC STATE
	24 61	O I CIIId	Hareka	8-26-			remator		Washing		10 Y D + D10 - 10	DC
f		INERAL DIRECTO	Street	N. W.	neral Ho , Washin	me, Ir	D.C.	750 DATE	REC'D BY REGISTRAF	75b. REGI		
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BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ENDING PROSICIAN: The los BP

> DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR After the certificate his been pare should be detoched for use as the tended forth the should be detoched for use as the with the State Dept. of Health had wently thinger prince to but IMPORTANT: if Hem 21 is mort ed or ten 10 show any linux.

ond completely filled in by the funeral director, page 3 ages 1 and 2 should be filed with 72 hours ofter death IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, TO FUNERAL DIRECTOR: After this certificate has been signed by the ormer should be detached for use as the burial-transit permit. Then please removes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ENDING PHYSICIAN: The low TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician

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DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR
- STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

- 1								KEG. IN	J.				
1		EASED NAME	FIRST		MIDDLE	- (AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOU	JR	
1			SETH	DANI	EL P.	ARKER		AUC	GUST	21 1985	10	:33 AM	
1	3 SEX		4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATE		R 24 HRS	
1	MA	LE		CAUCASI	AN	AUGUS			YRS		8	25	
1		RTHPLACE (STATE OR F	OREIGN 7	CITIZENOF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED X	9 BALTIMORE CITY O	R COUNT	TY OF DEATH			
1		MARYLAND	1	UNITED	STATES	WIDOWE		MONTGOMER	Y			MD.	
A	10/CI	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI			OF BUSIN	ESS OR	
l	BET	THESDA	1		L HOSPITA			N/A					
1	ÚSUA 13a S	L RESIDENCE (IF NURS	INGH ME OR O		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COI	DE			
4		RYLAND	CHARL		WALDORF		YES X NO	926 COPLEY			604		
1	14 FA	THER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			LAST		
l	K	KENNETH	WILL		PARKER		LYSA	MARIE			IVINO)	
Ì	16a W	AS DECEASED EVER	IN U.S. ARM	ED FORCES?	16h SOCIAL SECU	IRITY NO	17 INFORMANT	ADDRE		6 COPLE			
Ì	NC)	(IF YES GIVE	WAR OR DATES)	N/A		KENNETH WILL	IAM PARKER		LDORF,			
Ì		18 CAUSE OF DEAT	H (Enter anly	ane cause per	line far (a), (b), an	dic					DXIMATE INTE		
I		DADT I DEATH W	AC CALICED	RV.									
I		IMMEDIATE CAUSE (a) PREMATURITY											
I		DUE TO, OR AS A CONSEQUENCE OF											
ı	- 4	Conditions, if any,		(b)									
ı	1.7	couse (a), statin	ig the	DUE TO, O	R AS A CONSEOU	ENCE OF							
ı		underlying cause	IOST,	((c)									
ı	-	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITIONG	IVEN IN PART	lia		
l	CERTIFICATION								T				
١	ICA	190 DATE OF OPERAT	TION	19b. COND	ITION FOR WHICH	OPERATIO	IN CERTIFY			ES, WERE FIND			
1	RTIF							YES X NO		YES X	NO [
1		21a. ACCIDENT WAS UNE		21b. TIME C	OF INJURY .M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2	1		
ı	MEDICAL	(IF EITHER NOTIFY MEDIC		,	M.	19							
ı	EDI	21d. INJURY OCCURE	RED	21e PLACE	OF INJURY REET FACTORY OFFICE, F	ADAL ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY		STATE	
	Σ	AT WORK AT WOL	RK R	(ATTIONE 31	REET FACTORY OFFICE,	MIM EIC)	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
ı		220.1 certify that (1)	(this haspite	al) ottended th	e deceased from	21 Aug	ust 19.85		ıst	. 1985	that (1) ((we) last	
	57	saw the decease	ed alive an_	21 Aug	ust 198		nd that in (my) (our) opinion	deoth occurred on the de	ate and ho	our and from th	ne couses st	rated	
		22b. NONATURE	ala) (dia rior)	view the body	dher death.		DEGREE			22c DA	TE SIGNED		
		Luce	au t	· De	the	MD	ATTENDING PHYSICIAN F	MEDICAL STAI		22	AUG	85	
l		PHYSICIAN NAME (TYPE OR PRINT) 220 ADDRESS											
l		JULIAN	IF	KEIT	HILL		NAVAL HOSPI	TAI DETUECI	DA 3V	ADVI ANI	208	14-50	
4									JA, P.	IAKILANI	200	14-50	
I	23a B	URIAL, CREMATION,		23b. DATE	23€. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY		STATE	
I		CREMAYOU	V										
1	24°+6	NERAL DIRECTOR			ADDRESS		25a DAT	TE REC'D. BY REGISTRAR	75h HEGI	FRAR'S SIGN	ATLIBE		
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FOR 239015

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.				
DECEASED NAME	FIRST	-	MIDDLE	0	AST	20 DATE OF DEA		DAY YEAR	2b HOUR		
	MARY		R	1a	terson	Hugu	st 13,	1985	5:15A		
SEX	4 R	ACE		5. DATE C		6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
Femalte	18	White		Oct		80	YRS		HOURS MIN		
BIRTHPLACE (STATE OR	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE C	ITY OR COUN	TY OF DEATH			
NY COUNTRY)		U.S.A	1.	WIDOWE	D NEVER MARRIED	Montgo	mery		N		
CITY OR TOWN OF DE	ATH 11.			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCI	JPATION		F BUSINESS O		
Rockville	9		HEACILITY, GIVE STREET A		tespital.	Buver	NO21 OF MORKING		. Store		
UAL RESIDENCE (IF NUR	ING HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDR	IESS / 7ID CC	1)	25-1		
MD	Montgo	merv	Rockville		YES X NO			alley Rd			
FATHER'S NAME					15. MOTHER'S MAIDEN NA	ME					
Anton	MIDE	DLE	Reyhon		Marie	M (C	DLE	Peta	ST .		
WAS DECEASED EVER	IN U.S. ARMED		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	F	DDRESS	525 S.	Flagle		
(YES NO OR UNKNOWN)	(IF YES, GIVE WA	CK OK DATES)	046-03-	1240	William Sc	ott Pat	erson				
18 CAUSE OF DEAT	H (Fater only o	ne couse ner			1 (1)	,		APPROX	MATE INTERVAL		
PART I. DEATH V	AS CAUSED B'	Y:	ania					C	1/0.0		
		DUE TO O	P M A CONSEQUE	NCE OF	• 10			11			
Candidan V.	Conditions, if any, which (16) 2 father Carled There c Gentle Conditions C Gentle Conditions										
gave rise to im		(b) -	12	74				1			
cause (a), statu	g the	DUE TO, O	R AS A CONSEQUE	NO OF	0 N . 0	0.		73	, ,		
underlying couse	lost.	(c)	1	June	50/Julla	free	7	//	week		
	NIFICANT CON	DITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	NOITION	GIVEN IN PART 11	o		
190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPE RATIO	N WAS PERFORMED	20a AUTOPSY		YES, WERE FINDI			
		1510				YES NO		RTIFYING CAUSES YES	OF DEATH?		
210. ACCIDENT WAS UN	DERLYING	21b. TIME C			21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PART 2)			
OR CONTRIBUTING			M. MONTH DA								
(IF EITHER, NOTIFY MED		P. 21e. PLACE	M. OF INJURY	19	211 LOCATION						
	THE		REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CIT	ORTOWN	COUNTY	STATE		
AT WORK AT WO	RK -					01		0			
22a.1 certify that (I		ottening th	e deceased from		5/2 19 5	10_0/	12	_, 19	that (I) (we) I		
saw the decease	ed alive on	Con the hoods	ofter death	, or	nd that in (my) (cur) opinion	death accurred an	the date and	nour and fram the	causes stated		
TIS SICKLATURE)	- Joseph	Marie Marie		DEGREE		3	225 DAJE	SIGNED		
1	-	-1	- 111	1	ATTENDING	MEDICAL DIRECTOR P	STAFF HYSICIAN T	1/1	3/25		
17M BHYSTGTANIS N	AME TIME CRIME	net /	1000	1	22e ADDRESS	DIRECTOR	THISICIAN L) 19/	1		
1/4.0	· Mi	45A	MZINI		50 W. Ed.	masta	m. 4	Thill,	228		
BURIAL, CREMATION	REMOVAL 12	3b. DATE	[23 _{t.} N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
(SPECIFY)		8/16	105			Woodby		COUNTY	STATE		
Burial-Re FUNERAL DIRECTORJ	oseph C			Inc -	ide Cem.	TE REC'D. BY REGIS		ISTRAP'S SIGNA	TURE		
NAME CO TO	oseph G	ICANTOT		20016	0.00	400E	A C. A	STRAK S SIGNA	delle		

DHMH - 16 50M 4/B3 (VRA 15, 4)

WPORTANT. If them 21 is marked of TO FUNERAL DIRECTOR, AN should be deteched far use or with the State Dept, of Health

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

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25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

a Davidson-Rondolle

SEX	1	REGISTRAR		CER	TIFICATE OF DEATH	REG. NO.	
The BIRTHPIACE ISLATE OF OPERATION TO COURTE AND THE CHIPCE ISLATE OF OPERATION TO COURTE AND THE CHIPCE ISLATE OF OPERATION THE USUAL OCCUPATION THE USUA		TIMBE OR BRU II	- /	WIDDLE /	PATTEL	8/30/85	DAY YEAR 26 HOUR 250/M
ARRIED LITTLE READ AND LITTLE COUNTRY OF BUSINESS AND LITTLE C		3. SEX	1 RACE		ONTH DAY YEAR	.42	
SULA RESIDENCE IF PRAINTS CONDITIONS ON RESIDENCE MICHAEL PROCESS / 2IP COOR 213 Lee St. M. STAFF NAME IBL COUNTY IBL COUNTY IBL STAFF ADDRESS / 2IP COOR 213 Lee St. YES IN 0 Gaither shuring, Md. 20877 IR FATHER'S NAME IBL COUNTY IBL STORY NAME			MAI		9 BALTIMORE CITY OR COUNT		
13. STATE 13. COUNTY 13. CITY OR TOWN 13. INSOE CITY LIMITS 13. STREET ADDRESS / ZIP CODE 21.3 I Dec St. YES NO Gaithersburg, Md. 20877 15. MOTHERS MAIDEN NAME 15. MOTHER STATE 15. MOTHERS MAIDEN NAME 15. MOTHER STATE 15. MOTHER STATE 15. MOTHER SMAIDEN NAME 15. MOTHER STATE 15. MOTHER SMAIDEN NAME		ROCK VILLE	11. NAME OF USE	HOSPITAL, NURSING HOMES HEACILITY, GIVE STREET ADDRESS HEACILITY, GIVE STREET ADDRESS	A A	(TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY Self-employed
RULES RULES Pasel Carrie Rodges R		13a STATE MD 13b		13c. CITY OR TOWN	YES NO .	Gaithersburg.	
18 CAUSE OF DEATH lenter only one couse per ling for io), lib and ic.	1	Rufus	-	Patsel	Carrie	MIDDLE	Hodges
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO! OR S'A GONSEOUENCE OF Conditions, if ony, which gove rise to immediate couse (b), storing the underlying couse lost. (c) DUE TO! OR AS A CONSEQUENCE OF LYNK WAS USED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART I DEATH WAS CAUSED BY: (d) DUE TO! OR AS A CONSEQUENCE OF LYNK WAS USED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART I DEATH WAS CAUSED BY: (e) DUE TO! OR AS A CONSEQUENCE OF LYNK WAS UNDERLYNG. (i) 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. ACCIDENT WAS UNDERLYNG. CAUSES OF DEATH HOUR A.M. MONTH DAY YEAR 199. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 190. THE THE MOST WAS UNDERLYNG. CAUSES OF DEATH HOUR A.M. MONTH DAY YEAR 190. THE THE MOST WAS UNDERLYNG. CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 191. THO WAS UNDERLYNG. CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 191. THO WAS UNDERLYNG. CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 192. THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNITE ITEM TO PART 10 OR PART		IYES, NO OR UNKNOWN) (1F					Md. 20877
Conditions, if ony, which gave rise to immediate couse lost immediate couse lost immediate couse lost immediate couse lost. DUE TO, OR AS ACONSECUENCE OF LYNC WALLS AND STREET OF PARTY OF PER ALL OR PARTY OF P		PART I. DEATH WAS	CAUSED BY:	Laye Co	get are here	failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2-4 Cerr
COUSE (0.), stating the underlying couse lost (c) PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO SUPPLY AND COUNTY STATES OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b AUTOPSY? 20b IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEATH OR CONTRIBUTING CAUSES OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21d. NOISY MEDICAL EXAMINER 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21d INJURY OCCURRED 21c. PLACE OF INJURY 1AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 18TREET CITY OR TOWN COUNTY SAW the deceased drive an above, (1) (we) (did) (did not) view theybody ofter death. 19 and that in (my) (our) opinion death occurred on the date and hour and from the couses site of the deceased drive and above, (1) (we) (did) (did not) view theybody ofter death. 19 and that in (my) (our) opinion death occurred on the date and hour and from the couses site of the deceased drive and above, (1) (we) (did) (did not) view theybody ofter death. 19 and that in (my) (our) opinion death occurred on the date and hour and from the couses site of the deceased drive and above, (1) (we) (did) (did not) view theybody ofter death. 19 and that in (my) (our) opinion death occurred on the date and hour and from the couses site of the deceased drive and above, (1) (we) (did) (did not) view theybody ofter death. 19 and that in (my) (our) opinion death occurred on the date and hour and from the couses site of the deceased drive and that in (my) (our) opinion death occurred on the date and hour and from the couses site of the deceased drive and they opinion death occurred on the date and hour and from the couses site of the deceased drive and they opinion death occurred on the date and hour and from the couses site of the deceased drive and they opinion death occurred on the date and hour and from the couses site of the deceased drive and they opinion death occurred on the date and hour and from the couses site of the date of the date o			nich ((b)	AS'A CONSEQUENCE O	grange &	mys. with	- 12
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OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTEY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE AT WORK AIWORK 220. I certify that (I) (this haspital) attended the deceased from ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did I (did not) view the body after death. DEGREE 220. SIGNATURE 221d PHYSICIAN'S NAME (TYPE OR PRINT) 222d PHYSICIAN'S NAME (TYPE OR PRINT) 222d PHYSICIAN'S NAME (TYPE OR PRINT) 223d BURIAL, CREMATION, REMOVAL 23b. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. CREMATORY 23d. CREMATORY 23d. CREMATORY 23d. COLLY OR TOWN COUNTY STREET CITY OR TOWN CIT				ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GI	VEN IN PART 110
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTEY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AIWORK 22a. I certify that (I) (this haspital) attended the deceased from sow the deceased alive an obove, (I) (we) (didl (did not) view the body after death. DEGREE 22b. SIGNATURE 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22a. BURIAL, CREMATION, REMOVAL 23b. DATE 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATIORY 23d. COLUMN COUNTY STREET.		190 DATE OF OPERATION	19b. COND	TION FOR WHICH OPERA	ATION WAS PERFORMED	IN CERT	IFYING CAUSES OF DEATH?
226. I certify that (I) (this hospital) attended the deceased from \$\frac{4}{3}\), 19 to \$\frac{3}{30}\] 19 \$\frac{8}{3}\], that (I) (the saw the deceased alive on obove, (I) (we) (did I) (did not) view the body after death. 228. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR P		OD COMPRISHED TO CAME	E OF DEATH HOUR A.	M. MONTH DAY YE	AR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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22d. PHYSICIAN'S NAME (TYPE OR PRINT) RUBEN C. COS CA 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23a. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF DOWN COUNTY 23d. COSTON CITY OF DOWN CITY OF DOWN CITY OF DOWN CITY OF DOWN COUNTY COUNT		sow the deceased a	live on 3/1	19 8	and that in (my) (our) opinion	deoth occurred on the date and ha	that (1) (we) last our and from the couses stated
RUBEN C. COS CA BENUOSO, MD NOST		22b. SIGNATURE	10,0	elon	MALO ATTENDING		22c. DATE SIGNED
ISPECIEVI CITY OF TOWN COUNTY S		220 PHYSICIAN'S NAME RUBE		SCA	22e. ADDRESS / 752	DENWOOD, N	NOAD NOST
	1		10VAL 236. DATE		of Heaven		county State

316 E. Diamond Ave., Gaithersburg, Md. 20877

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygene prior to burial, cremation, IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other traum. TO FUNERAL DIRECTOR.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Gartner Sandison F.H.

TESS. L. PER SPERTING . S. TOS PRINCE PER PRESE

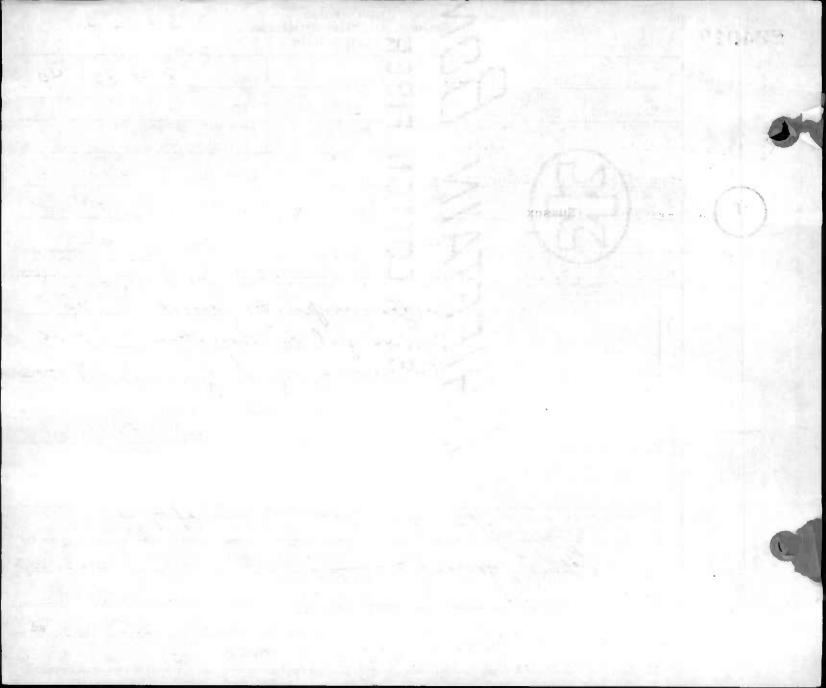
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed any other death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attracting printing and completely and the funeral director page 3 should be detached for use as the burial-transit permit then please remove another. Figure on a second within 72 hours after death with the State Dept. of Health and Mental Mygiene prior to burial, cremation, or temperal.	INDODITABLE TO LONG OF LONG OF LAND BY AND
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BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

REGISTRAR						REG. NO.			
DECEASED NAME FIRST		WIDDLE	LAST		20 DATE OF	EATH MONTH	DAY	YEAR	26 HOUR
Billy	(N	.M.I.)	Pat	ton		8	4	85	40
SEX	4 RACE			IRTH	6 AGE INVE	RS LAST BIRTHDAY)	IF UND	DER YEAR	IF UNDER 24 HR
Male	White	THE I	O2 DATE OF B	27 °AY 1922	63	YI	RS SONTA	DATS	HOURS MIN
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMOR	ECITY OR COU	NTY OF D	EATH	
Missouri	U.S.	Α.	WIDOWED			gomery			
Rockville	Suburb	HOSPITAL, NURSING H FACILITY, GIVE STREET A Dan Hospit	al	other institution		CCUPATION OR MOST OF WORKII Supervis	NG LIFE) IN	DUSTRY	Power
SUAL RESIDENCE OF NURSING HIME 30 STATE Delaware Sus		GIVE RESIDENCE BEFORE A 134. CITY OR TOWN Ocean Vie	W Y	I INSIDE CITY LIMIT ES NO X		Box 104-		/ uk	199
FATHER'S NAME Clifford	Otto	Patton	1	MOTHER'S MAIDEN		MIDDLE Eatrice		Cole	
WAS DECEASED EVER IN U.S.		166 SOCIAL SECUR		INFORMANT		ADDRESS			104-P
Yes-Navy W.V	W. II	578-38-6	211 E	lizabeth	E. Patton	(Wife)			w.Dela
Conditions, if any, which	DUE TO, O	RAS A CONSEQUER	P add as	and a	0-	· Jos		- 2	31.1
gove rise to immediate come (0), stating the underlying course lost. PART 2 OTHER SIGNIFICAN	10 1 CONDITIONS CO	ONTRIBUTING TO DE	EATH BUT NO		1	PR CONDITION			
gove rise to immediate come (0) stating the underlying come lost. PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTERBUTING TO DI	EATH BUT NO	VAS PERFORMED	78e AUTOF	SY7 NR. II	YES, WER	RE FINIDIN CAUSES	
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246011

FOR - STATE REGISTRAR DECEASED NAME

FEMALE

To BIRTHPLACE (STATE OR FOREIGN

FINLAND

10 CITY OR TOWN OF DEATH

TAKOMA PARK

AADI

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 137. CITY OR TOWN

MONTGOMERY

TYPE OR PRINT!

COUNTRY

MARYLAND

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25

MARRIED M NEVER MARRIED

YES 🔀

YEAR

DIVORCED

NO [

13d INSIDE CITY LIMITS?

1917

5. DATE OF BIRTH

MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

WASHINGTON ADVENTIST HOSPITAL

TAKOMA PARK

MAY

MIDDLE

WHITE

76 CITIZEN OF WHAT COUNTRY?

U.S.A

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

IF UNDER 1 YEAR

26 HOUR

126 KIND OF BUSINESS OR

U.S. GOU'T.

IF UNDER 24 HRS

REG. NO

(IN YEARS LAST BIRTHDAY)

68

MONTGOMERY

LIBRARIAN

13e STREET ADDRESS / ZIP CODE

1102

BALTIMORE CITY OR COUNTY OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

HOLTON LANE

MONTH

YRS

2a DATE OF DEATH

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th.	72 h
de	fon
ofte	the w
000	unpoints that in by the funeral director, page 3 and a should be filed within 72 hours after death
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SPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed mining 24 hours after death. Page 4 may be d by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physicion and companies that in by the funeral director, page 3 be detached for use as the burial-transit permit. Then please remove corbonappers. Pages and a thought on thin 72 hours after death action bast of Menth and Mental Housen prior to burial, cremotion, or removal.
OR P	DIRE
ITAL ny th	RAL
as p	Zoo

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

medical or other WS ONY morked or Hem 18 show If Hem 21 MPORTANT should I DHMH - 16 50M 4/83

(VRA 15, 4)

TA FA	ATHER'S NAME PEETER	WIDDIE	TOMBAK	15. MOTHER'S MA	ERA	MIDDLE	-	HAVAN	^
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) NONE	166 SOCIAL SECURITY NO. 201-26-6620 A	17 INFORMANT ARTHUR	B. PERR	ADDRE) =	ME AS 3	⁴ 13.
	18. CAUSE OF DEATI PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (0)_	OR AS A CONSEQUENCE OF	nfracer Cer	chocler cheller	Lemon	hogi	APPROXIMATE BETWEEN ONSET	
	Conditions, if ony, gove rise to imm couse (a), stofin underlying couse	nediote g the DUETO,	or as a consequence of						
VIION	PART 2 OTHER SIGN	In fail	ONTRIBUTING TO DEATH BUT	section	pneu.	DISEASE OR CONE		IN PART 110	USED
CERTIFICATION	21a ACCIDENT WAS UND	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OF INJURY		YE	S NO	IN CERTIFYIN	G CAUSES OF E	
MEDICAL CI	OR CONTRIBUTING (CAUSE OF DEATH HOUR	A.M. MONTH DAY YEAR P.M. 19		- OCCORRED (I	ENTER NATURE OF MUUR	Y IN ITEM 18 PART	OR PART 2)	
MED	216 INJURY OCCURE	(AT HOME S	E OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION		CITY OF TOV		COUNTY	STATE
	sow the decease above, (1) (we) (c	(this hospital) attended ed alive an id) (did not) view the bac	y after death	ed that in (my) (au	9, to	occurred on the do			es stated
	22b. SIGNATURE	1. A. C		PHY		DICAL STAF		224. DATE SIGN	6/85
	27d. PHYSICIAN'S NAME (TYPE OR PRINT) A. A. CHACKO 27e ADDRESS \$5 00, 16th St. Swite G31 SI) Ver Spring MD 209/0								
	BURIAL, CREMATION, (SPECIFY) BURIAL UNERAL DIRECTOR	REMOVAL 236 DATE	1 1 1	INCOLN CE		I LOCATION V CITY OR TOWN BLENTWOOD D. BY REGISTRAN	P.G.Co	MARY SESTINATION	STATE
CH	AMBERS FUN	lenar Home	SILVER SPRING	MARYLAND	AUG 2	0 1005	and dh	dan Ron	Less.

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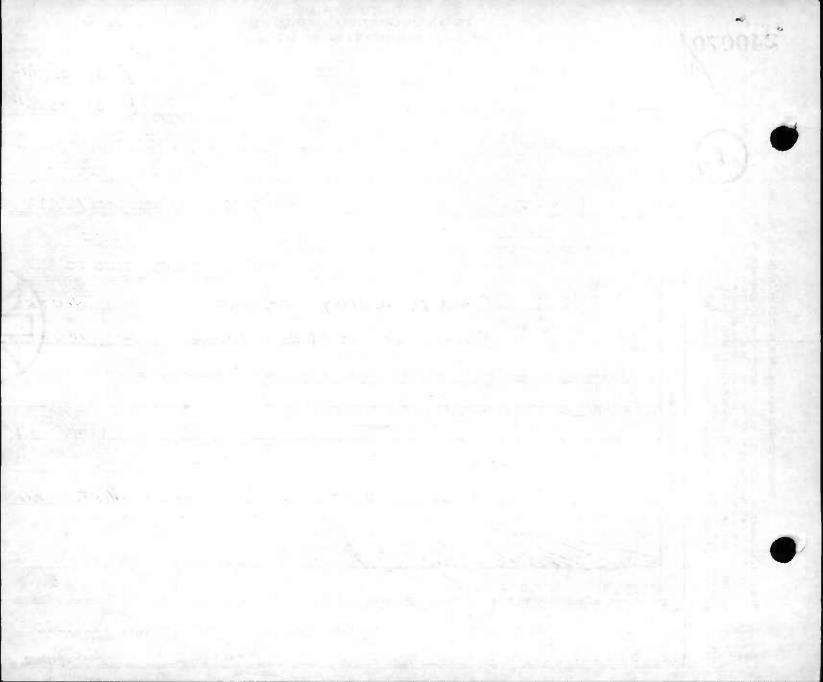
0 II*

Homes, P.A. Bethesda, Maryland 20814

Julia Davidson Randoss

DHMH - 17

(VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

600	U	9	Co	-

REC	GISTRAR						REG.			
	SED NAME	FIRST	N	AIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(TYPE OR PR	RINT)	ARMIN	IEH	(NMN)	PETT	ROSIAN	AUGUST	13,19	985	11:46
SEX			4 RACE	(21221)	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST)		IF UNDER I YEAR	IF UNDER 24 HRS
FEN	MALE		WHIT	'E.	JUNE		9	YRS	MONTHS DATS	HOURS MIN.
	PLACE (STATE OR FO	DREIGN /		WHAT COUNTRY?	0	77	9. BALTIMORE CITY	1 1110	TY OF DEATH	
TOUNT	IRAN	1	IRAN		WIDOWE	D NEVER MARRIED	MONTGOM	ERY CO	DUNTY	M
	OR TOWN OF DEA	ТН	11. NAME OF H	IOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	125 KIND C	F BUSINESS OF
BETH	HESDA			NICAL CE		NIH, BETH. MD	(TYPE OF WORK FOR MOS	OF WORKING	LIFE) INDUSTRY	
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	DECEASED EVER I		AED FORCES?	166. SOCIAL SECU		17 INFORMANT	ADD			
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DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

(Car	-	

1	REGISTRAR			CERTII	ICAIL OI DEATI	0.00	REG. NO			
	CEASED NAME	FIRST	WIDDLE		LAST	2a. DATE (OF DEATH M	ONTH O	AY YEAR	26 HOUR
(146	E OR PRINT)	onard	T	Pik	olsky	1000	B	181	85	8
3. SE		4 RACE		5. DATE	OF BIRTH	6. AGE (III	YEARS LAST BIRTH	DAYI	IF UNDER TYEAR	IF UNDER 24 HRS
	NA G a	00		MONT	H CAY YE	AR C	E/	M	ONINS DATS	HOURS MIN.
n B	IRTHPLACE (STATE OF	SOREIGNI ZA CITIZ	EN OF WHAT COUN	TDV2 8	0 2/2		ORE CITY OR	COUNTY	OE DE ATH	
	COUNTRY	TOREIGN 78 CITIZ	EN OF WHAT COOK	MARRIE	D NEVER MARRIE	D D Y BALLIM	ORE CITT OR	LOUNTY	OFDEATH	
Pe	nnsylvanio	z US		WIDOW				A 100.	COMO	
0 C	ITY OR TOWN OF DE		ME OF HOSPITAL, NU OT IN SUCH FACILITY, GIVE S		OR OTHER INSTITUTIO		L OCCUPATIO		126. KIND C	OF BUSINESS OF
-	Bithes	ida S	uburbam	Hosp	· OH Ga	ACTO LAND	Wat	Lma		t Office
	AL RESIDENCE HE NUI	ISING HOME OR OTHER INS	13c CITY OR		113d INSIDE CITY LIM	UTS2 12 STDEET	ADDRESS /	ZID CODE		0.0
	ruland	Montgome	- 1		YES NO I		Elizat		thant	20853
	ATHER'S NAME		,		15. MOTHER'S MAID	ENNAME	LAZUL	IVA.II	MALEKA	
	FIRST	WIGDIE	D'L A		FIRST		WIDGIE		LA	
in 1	Poton WAS DECEASED EVE	PINIIS APAEDED	Pikul	SECURITY NO.	Helen 17 INFORMANT		ADDRES	ς	Merc	rk
	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR	DATES)							
10	Δ	11951-57	163-24	1-6076	Barbara A	Pikuls	ky Wife	San	ne as 1	3
	18 CAUSE OF DEA	TH (Enter only one co	ouse per line for (a), (b		-0				BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PARTI, DEATH	IMMEDIATE CAUS	E(O) MU	belle	e ance	none			7	Month
	1	DUI	TO ODAS A CONE	EQUENCE OF						-
	Canditians, if on		E TO, OR AS A CONS	alon	cone	en			17.	manle
	gove rise to in	mediate	0)							
	couse (a), stat		ETO, OR AS A CONS	EOUENCE OF						
	DARK COLUMN	,	(c)							
Z	PART 2 OTHER SIG	Planeal	CONSCONTRIBUTING	TO DEATH BUT	NOT BELATED TO TH		SE OR CONDI	e le	N IN PART II	0
CERTIFICATION	19a DATE OF OPER	ATHONI LINE	CONDITION FOR WI	HICH OPERATIO	NI WAS DEDSODUED		0	201 IE VEC	WERE FINDI	ICS USED
FIC	THE DATE OF OPERA	148	COMPINION FOR WI	TICH OPERATIO	IN WAS PERFORMED	200 AU			ING CAUSES	
RTI						YES 🗌	NOX	YES		NO 🗆
	210. ACCIDENT WAS UP		TIME OF INJURY DUR A.M. MONTH	DAY YEAR	21c HOW INJURY C	OCCURRED (ENTER	NATURE OF INJURY	IN ITEM 18 PA	RT I OR PART 2}	
CAL	(IF EITHER NOTIFY MED	CAUSE OF DEATH	P.M.	19	1000					
MEDICAL	21d INJURY OCCU		PLACE OF INJURY		211 LOCATION		CITY OR TOW		COUNTY	STATE
×	MHILE NOT V	ORK (ATT	HOME STREET FACTORY, OF	FICE FARM, ETC)	SIKEEI		CITTORTOWN		COOKII	STATE
			nded the deceased fr	om /1	Maril 10	#1	P-Au	1 :	1-1-	45 - 4 - 10 - 6 - 10 los
	saw the decea	0	1	the state of	nd that in (my) (our) a	punion death accur	red on the date	and have		that III (we) los
	abave, (I) (we)	(did) (did not) view th				pinion acom occur	red on the don	and hadi		
	226. SIGNATURE	no.	0		DEGREE	ING . MEDICA	CTAFE		22c. DATE	SIGNED
	2	1 her	9	-			R PHYSICIA	N		
	224 PHYSICIAN'S N		,		22e ADDRESS	V16 0	Carr	reto	well	And
	EUSEN	EP. L	, bee	MD		Roma	into	- 1	11.2	0411
73a	BURIAL, CREMATION			73c NAME OF C	EMETERY OR CREMA	TORY 123d, LOC	ATION		-	
	(SPECIFY)					CI	TY OR TOWN	t	COUNTY	STATE
	UNERAL DIRECTOR	lAug	13,1985	Latayez	te Mem. Po	irk Bri	er Hill		jette 1	enn.
	NAME		. Collins.			So DATE REC'D. BY	REGISTRAR 25	D PEGISTR	JOHN SONAT	Ganda 00
	0 11 '	ite Dond	W. Silve	Chrine	Md	AUU 1	COH	1	CHOOL .	A. Inches

500 University Blvd., W. Silver Spring, Md.



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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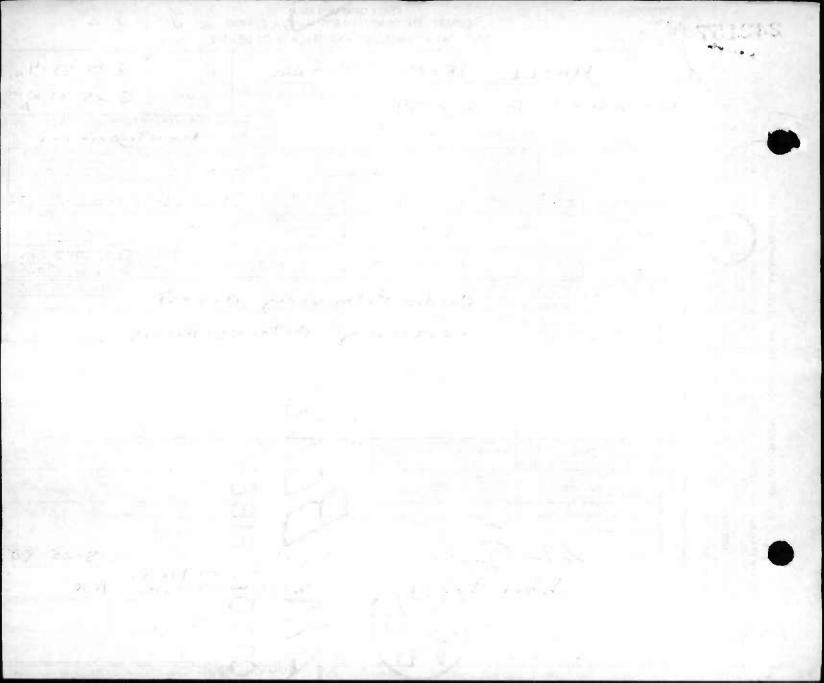
			FOR	DEP	ARTMENT OF HEALT	H AND MENTAL HY	GIENE Z 3	1 3 1
24	1035		STATE REGISTRAR	MEDIC	AL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO).
		T. DE	CHASED NAME FIRST C	harles MID	T.	Poat Sr	20. DATE KNOWN DE	MONTH DAY YEAR TE TOUS
3	Sanger 10	1	Chay la	is to	1202	t. Jr.	DEATH MATED	1-c 27 19 8 1 101
1	日本文庫人	3 SE	1 RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN YEARS IF U	NDER JYR. IF UNDER 24	HRS. 2c. DATE	MONEY VEAR 24 HOUS
3	E352		Mu w	· · · · ·	9 5+ 9 Ors.	INS DAYS HOURS A	DEAD	1 = 23 1987
. 1	18年18日		RTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY?	RIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF BEATH
)	A B B B B B B B B B B B B B B B B B B B	1	Virginia	USA		WED DIVORCED		~ Goode, YME
-	WHE S	II. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME, OR OT	HER INSTITUTION	O USUAT OCCUPATION (TYPE	OF WORK OF BUSINESS OR INDUSTRY
24.0	5350	0	17. Pas	401	y CVO Ve	1 /05 DP		Employed
50 2	0.198		AL RESIDENCE (IF IN NURSING HOMOGRATATE 136 COUNT	OTHER INSTITUTION, GIVE AS	DENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? 13		211904
212			ML. Mo	no 0	24. Par	YES NOW	100000	11 JTC/ PIPL
WD.	T.A	14, 6	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN	NAME MIDDLE	
RE.	25	UW	illiam	F.	Poat	Amelia	MIDDLE	Jones
WO	S S S S S S S S S S S S S S S S S S S	16s. \	WAS DECEASED EVER IN U.S. ARM		SOCIAL SECURITY NO.	17. INFORMANT	Same assets	3E
ALT	SATE /	100	lone		78 01 4987	Charles	T. Poat, Jr.	(Son)
-	88 Y D		18 CAUSE OF DEATH (Enter only	y ane couse per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S N	NAWA A		PART I DEATH WAS CAUSED		Tante.	Mysoc	2vd1266	200
STO	A PACA				CONSEQUENCE OF			
PRE .	RA A SE		Conditions, if ony, which gave rise to immediate) (b) C	hronico	My, co	8 V212(17	1/0
W. 3	NA SERIES		couse (o) stating the under- lying couse lost.	DUE TO, OR AS A	CONSEQUENCE OF	1		
20	ONABER		lying coose lost.	(c)				
RDS	A SEE SE	-	PART 2 OTHER SIGNIFICANT CONDITIONS CO	DATRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART I	16	
000	- SASEE	CERTIFICATION	Non	-				
AL R	F BEA	2	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION V	VAS PERFORMED?		20 AUTOPSY?
1	185 H C H C H	18	Non	-el				YES NO
0	会社の表で		UNDERLYING OR	11b. TIME OF INJI HOUR A.M. MC	DNTH DAY YEAR 21c. H	OW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM TB P.	ART T OR PART 2)
NO I	E SESTE	MEDICAL	CONTRIBUTING CAUSE OF D		19			
tVIS	EBS BB	1	214 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF IN STREET, FACTORY, E		OCATION STREET	CITY OR TOWN	COUNTY STATE
0	MAR WAR		AT WORK AT WORK					
1	ATE STATE		220. I certify that I took charge	of the remains describe	d obove, held an Auto	ssy , Inspection	Inquiry . one	d in my apinian
	E3#653		death resulted fram: Natura	ol couses Acc	dent Suicide	, Hamicide .	Undetermined manner .	
1	AN MEGHA		10	1051		TITLE (SPECIFY) 6		4 .2
	- FEEEE	1	ACTUAL SIGNATURE	-40	0.000	1.D. Dep	MEDICAL EXAMINER	DATE SIGNED CLA 3/98
1	FEATON /	1	EXAMPLE NAME OF	ohn G. Ro	gers MD	19	19 Seminary	Rd.S.S.Md.
3	記場を発売之	1	(TYBE OR PRINT)			ADDRESS	I Deminary	Nat Dibiliat
	105249	23e.B	URIAL, CREMATION, REMOVAL 23		23c. NAME OF CEMETERY		23d LOCATION CITY OR TOWN	COUNTY STATE
784	BP	21.5		3/26/85	Ft.Lincol		Brentwood	PG Maryland
	DHMH - 17	24. F	UNERAL DIRECTOR NAME Hines/Rina	1di 19800	New Hamp. A	Ave.S.S.A.	CD BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE
(VR A15 ME (5))					710	2 1 1300	A STATE OF THE PARTY OF THE PAR

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(VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 252016 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO CEASED NAME 20 DATE KNOWN TO THE OFFERD 29 OF DEATH MATED MEN 19 PM DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DAY DATE MONTH LAST BIRTHDAY PRONOUNCED 8 malio DEAD AM 10 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (MATEOR NEVER MARRIED MARRIED LOUISIANA WIDOWED DIVORCED IR CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY GEODESIST GEO DESIST SUAL HES IDENIES IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION POTOMAC 13m STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MONTGOMERY MUIERFIELD YES . IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME ERGT UNKNOWN 17 INFORMANT 160. WAS DECEASED EVER IN U 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I I F YES GIVE WAR OR DATES! NONE 0 DILLINGER 2 CARTER CT. ROCKVILLE, M. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: a raio IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A E OF HEALTH / TE, WRITING THE WORD "PE SEWARDED TO THE CHIEF IN RE PAGE 3 SHOULD BE USED A ESTATE DEPARTMENT OF HE D, 21201 PRIOR TO BURIAL OF 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO M 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY AT WORK AT WORK EXECUTE THE CHRITIFICATE.
PAGE 4 SHOULD BE FORW.
TO FUNERAL DIRECTOR: PAFE DEATH, WITH THE ST
BALKWORE, MARYKAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Homicide death resulted from: Notural causes Accident Undetermined monner Suicide TITLE (SPECIFY ACTUAL DATE SIGNATURE SIGNED EXAMINER'S NAME 218 WISCONSIN DUR TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY RIVERDALE 07/84

25M

DHMH - 17

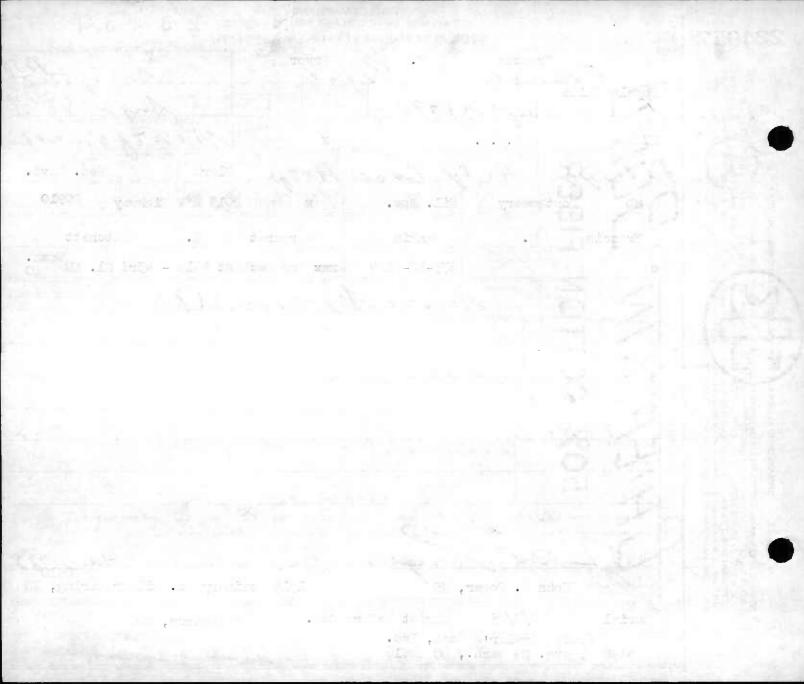
24. FUNERAL DIRECTOR

(VR A15 ME (5))

5130 WI Ave. NW Wash., DC 20016

DHMH - 17

(VR A15 ME (5))



STATE OF MARYLAND

DEPART	MENT	OF HEALT	H AND MEN	TOL HYGIENE	-
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JOUGH /		REGISTRAR		WEL	JICAL EXA	WINEK, 2	CERTIFICATE	OF DEATH	REG. NO		4	
15		CEASED NAM	E FIRST		WIDOLE		LAST	20. DA	TE KNOWN	MONIH 0	DAY YEAR	26 HOL
ASE OR: URS URS EET,			Everet		urley		Pugh	DE	ATH MATED X	8/12	1985	
NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET,	3. SEX	ale	White	S. DATE OF BIRTH		E (IN YEARS IF UI		MIN PRON	OUNCED EAD	8/15	85	2 H
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NEGES FUNER S FOR WITH	2 10	Maryla	nd	U.S.A		WIDOV			on taomou.	Cour	A.,	
	€ 10 CI	TY OR TOWN		II NAME OF HOSE	PITAL, NURSING	HOME, OR OTH	HER INSTITUTION	120. USUAL OC	ontgomery	DE WORK 17h	KIND OF BUS	ŞINESS
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E. MD S 1, 2 PM 3 ND 2	14. F/	ATHER'S NAMI		WIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	WIDDLE		LAST	
DEATH GES 1, M PM AND OF VI	1	Earl	C	adwell	Pugh		Nellie		May		Hurley	
0 -225	16a V	VAS DECEASE	DEVER IN U.S. ARM		16b. SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRESS			
BALTIM SAFTER GIVE PA TITH FOR PAGES IVISION		Yes	W.W.	II	577-07		Diane H.	. Leech,	Hyattsvi	11e,		
ST., OUR NIT.		PART I DE	F DEATH (Enter only				44				APPROXIMATE BETWEEN ONSET	
N HANNEY		100	IMMEDIAT	CMOSE (O)			disease					
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		gave ri	ns, if any, which se to immediate	(b) C	hronic n	iyocardi	al disease	e.				
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S SERVICE	13			_ (c)								-10%
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S SECTION S	O	100		None								
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AT OR SERVICE	4 8	N	one								YES 🗌	NO X
BIVISION OF VITAL R SCRIFICATE SHOULE RETING THE WORD "P RED SHOULD BE USED E DEPARTMENT OF HE OF PRIOR TO BURIAL,	T W		AL CAUSE WAS	216 TIME OF	INJURY MONTH DAY	21c. H	OW INJURY OCCUR	RED LENTER NATURE	OF INJURY IN ITEM 18 PAF	RT 1 OR PART 2)		
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PIN RDE SCI	₹	WHILE C	NOT WHILE AT WORK	STREET, FACTO	DRY, FARM, ETC.)		STREET	CITY	RTOWN	COUNTY		STATE
E, WA PAC 213												
EXAMINER: CERTIFICATI OULD BE FOR: DIRECTOR: MARYLAND		22a I certi	fy that I took charge	-	ribed above, hel	d on Autap	sy, Inspect	ian X, Inq	uiry . and	in my apinia	ın	
ME ME ME		deoth result	ed fram: Natura	ol causes X,	Accident ,	Suicide	, Homicide	Undetermine	d manner			
A WEEK		ACTUAL	110	1/1			TITLE (SPECIFY)				0/15/	
AHONE -	1	SIGNATURE	The same of the sa	. 0	orga	200 N	Deputy	Seminary	XAMINER	DATE SIGNED_	8/15/8	35
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TO MEDICAL EXAME EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY		TYPE OR PRI	NT) JO	hn S. Roge	ers, M.L).	ADDRESS STIVE	er Spring	, Montgo	mery (county,	, Md.
PA A DA A	23 a. B	SPECIEY)	TION, REMOVAL 23	b. DATE	23c NAME	OF CEMETERY C	OR CREMATORY	23d LOCATIO	N	COUNTY	STA	TE
07/84 BP		Buria		8-19-85		Parklay	m	Rock	ville, N	Ionteo	mary. 1	4d -
25M DHMH - 17	24 F	UNERAL DIREC	TOR	ADDRESS	POBIL	7, 41150	NCT. 250. DATE	E REC'D BY REGIS	TRAR	and the latest	2.00	
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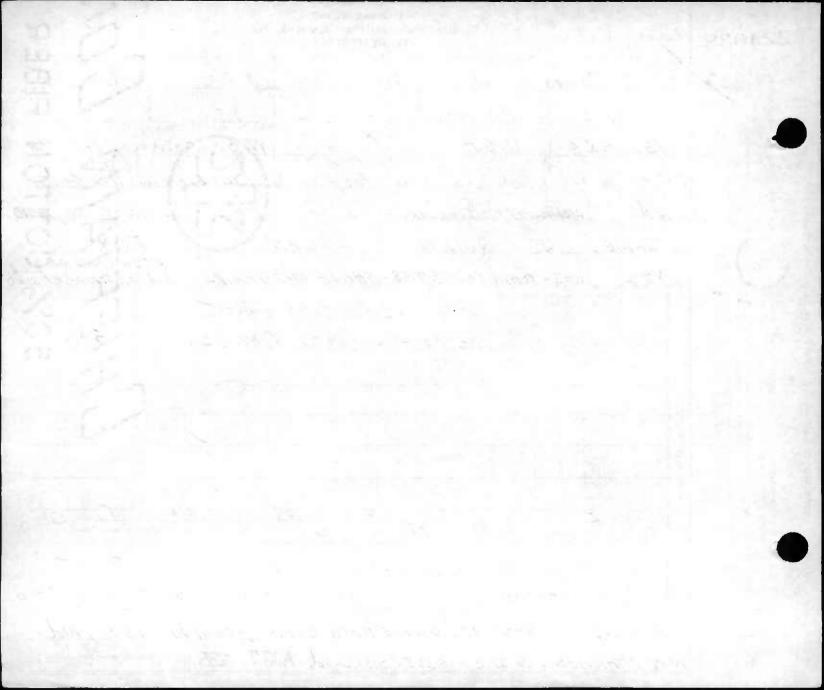
Harlan Calville, Manager M.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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The state of the s	
	1 17 -
15 MOTHER'S NAME	
JAMES TO QUINN LILLIAN MIDDLE	FOX
168 WAS DECEASED EVER IN U.S. ARMED FORCES? 168 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (1985 ND OR UNKNOWN) 18 YES GIVE WAR OR DATES)	720 CAMERON S
YES NO OR UNKNOWN) I IF YES GIVE WAR OR DATES) WWII + KOREAN 051-03-4158A SHEILA STOTTLEMIKE SI	LVERSTRING, M.F. 2
13 CALISE OF DEATH (Fater only one cours per line for (a) (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE DO LATH (Enter only one couse per line for IO), (b), and IC) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO) CARDIO RESPIRATORY ARREST	
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DUE TO, OR AS A CONSEQUENCE OF COLON CANCER.	5 yrs
gove rise to immediate couse Io), stating the DUE TO, OR AS A CONSEQUENCE OF	
underlying cause lost.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF	GIVEN IN PART TIO
OF CO.	YES, WERE FINDINGS USED
100 ENDITION FOR WHICH OPERATION WAS PERFORMED	TIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	
Z.E. I.E. E. C. CANTENDALIZADO DE CANTENDA DOUK A.M. MONTH DAT TEAK	
UND DESCRIPTION OF CASE OF DEATH OF THE PROTECT MEDICAL EXAMINER) P.M. 19 IF EITHER NOTE MEDICAL EXAMINER) P.M. 19 INCLUMENT OF THE PROTECT OF THE PROTE	
	COUNTY STATE
Z 505 0	19 85 that (I) (we) lost
Q 0 0 C 17/0 certity that (1/(this bashital) attended the deceased from 0 / 1 Q / 2 to	
27a certify that (P(this hospital) attended the deceased from 19 3 ond that in (my) apinion death occurred on the date and h	
sow the deceased alive on sow the deceased alive on the body of the body of the deceased on the date and have been sown to be sown the deceased on the date and have been sown to be sown the deceased on the date and have been sown to be sown the deceased on the date and have been sown to be sown the deceased on the date and have been sown to be sown the deceased on the date and have been sown to be sown t	226. DATE SIGNED
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sow the deceased alive an obove (Dive) (did) (Fid no) view the body after death 276. SIGNATURE) sow the deceased alive an obove (Dive) (did) (Fid no) view the body after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN PRINCIPLE PHYSICIAN DIRECTOR PHYSICIAN	3/2/81.
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sow the deceosed olive on obove [Diwe] (did) (find no) view the body ofter death 19	8/2/8/. SPRNG MD 2091 P.G.C., Md.



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ATTENDING PHYSICIAN: The low affending physician

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TO HOSPITAL OR ATTEN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY GIENE

1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		3 /
	DECEASED NAME FIRST TYPE OR PRINTI	le A	Reid	REG. NO. 20. DATE OF DEATH MONTH A USUST	15 9 85 145 A M
L	Female	4 RACE	S. DATE OF BIRTH MONTH DAY 14 190	6. AGE (IN YEARS LAST & HDAY) YR:	
1	Virginia	US A	MARRIED WEVER MARRIED WIDOWED DIVORCED	Montgome	ry MD
1	Silver Spring	Carrieral	Hill Nursing Hoon	(TYPE OF WORK FOR MOST OF WORKIN	
13	SUAL RESIDENCE (IF NURSING HOME OR IS STATE 136 COUN Monto	TY 13t, CITY OR T	Spring YES NO	7923 Tak	ema Ave
1	Fount	Stoutser MED FORCES? 166. SOCIAL SI	berger Katha ECURITY NO. 17 INFORMANT 4	MIDDLE	Russell kville, Md.
	(YES, NO OR UNKNOWN) (IF YES, GIVE None	S 78-5		Ginsburg (Daught	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATED)	y ane couse per line for (a), (b) BY: E CAUSE (a)	horespirator	y arrest	BETWEEN ONSET AND DEATH
1	Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause lost.	DUE TO, OR AS A CONSE	rach canc	er	4 month
N	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
CEPTIEICATION	190 DATE OF OPERATION	19% CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
MEDICAL CE		216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	CCURRED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART ?}
AMED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this haspite saw the deceased all well above, (1) (we) (did) (did)	8 15		est, to 8 / A	nour and from the causes stated
	226. SIGNATURE	remark	DEGREE ATTENDI	MEDICAL STAFF	8/15/85
	Aron Prima			ving St.N.W.	,
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	8/17/85 I	3t. NAME OF CEMETERY OR CREMATE Tt.Lincoln	Brentwood	PG Md. STATE
24	Hines/Rinaldi	11800 New	Hamp.Ave.S.S.M	AUG 1 6 1985	STRAPS SIGNATURANDAM

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and call should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

etely filled in by the funeral director, page 3 should be filed within 72 hours ofter death

STATE OF MARYLAND DEPARTMENT OF

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HEALTH AND MENTAL HTGIERE	
IFICATE OF DEATH	050

REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.				
1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	20 11000			
BURY	MAN Wilson Rint	charet	8-	-32-85 8 25 M			
3. SEX	4 RACE S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS			
male	White 3	- G - YEAR	78	YRS MIN,			
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH			
Maruland	U.S.A. WIDOWI	ED DIVORCED	Mont	yemery MD.			
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPATION A	126 KIND OF BUSINESS OR KING LIFE) INDUSTRY			
SILVER Spring	HULY CROSS HOSP	ital	Mechanic	Greyhound Bus Co			
130. STATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNITY 13¢ CITY OR TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP				
	tgomery Wheaton	YES NO NO NO NA	12035 Viers	Mill Road 20906			
14 FATHER'S NAME	MIDDLE	FIRST	WE	LAST			
Leslie	B. Rinehart ARMED FORCES? 1166 SOCIAL SECURITY NO.	17 INFORMANT	Mena	Frey			
(YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)						
	37-39 215-26-7732	Marjorie Jane	e Rinehart Wi	L Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAU	PART I. DEATH WAS CAUSED BY:						
IMMEDI	IMMEDIATE CAUSE 10)						
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF						
gove rise to immediate couse (a), stating the	gove rise to immediate						
underlying couse lost							
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE OR CONDITIO	N GIVEN IN PART 110			
ORGANI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	C BRAIN S	YNDKOME					
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?			
FITE			YES NOW	YES NO			
	- LIGHT LINE LIGHTER CAN WELL	121¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART OR PART 2)			
S (IF EITHER NOTIFY MEDICAL EXAMI	NER) P.M. 19	211 LOCATION					
21d INJURY OCCURRED	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY			
AT WORK	attended the deserved from 15	406 1081	" 22 AI	6, 19 ST, that the worldst			
sow the deceased olive	on 22 AVC 19 30.0	nd that in (my) (a or) opinion		nd hour and from the couses stated			
obove, (I) (and (did 22b SIGNATUR)	not) view the body ofter death	DEGREE		22¢ DATE SIGNED			
11/1/14	Gler hun	ATTENDING PHYSICIAN	MEDICAL STAFF	23AV6 85			
228 PHYSICIAN'S NAME (TYP	E OR PRIN(1)	Tan ADDDESS					
WALTER E	- G002H MD	2309 SHOKE	FIELD KV	WHEATON MD			
230 BURIAL, CREMATION, REMOVA	AI 236 DATE 236 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
Burial	Aug. 26, 1985 Resthau	en Cometeru	Hagerstown	Washington Md.			
	Aug. 26, 1985 Resthav	23a DA1	E REC'D. BY REGISTRAR 256 R	EGISTRAR'S SIGNATURE			
500 University 1		a. Md.	UG 3 0 1985	hia Davidson Pande			
			7	7			

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TO FUNERAL DIRECTOR. After

TO HOSPITAL

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or frem 18 shows any

this certificate has been signed by the

offending physician

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

should be detached for use as the burnal-transit permit with the State Dept of Health and Mental Hygiene print MPORTANT: If Item 21 is marked or Item 18 shews any

TO FUNERAL DIRECTOR. After this certificate has bi

DHMH - 16 60M 7/84

(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL-HYGIENE

STATE OF MARYLAND CERTIFICATE OF DEATH

	DECEASED NAME TYPE OR PRINTS	MIDDLE		20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
1	DUDIT	WALL KONIN	SON	8-3	185 450 pm
3 :	sex Male 1 RAE	Slack S. DATE O	P = 08 - 129		UNDER LYEAR IF UNDER 24 ARS
70	BIRTHPLACE 161-16 OR FOREIGN 76 CITI	IZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEI		MONTGOMA	ERY MD.
A 12	TAKAMA TAKK WA	AME OF HOSPITAL, NURSING HOME O NOT IN SUCH FACILITY CIVE STREET ADDIESS!	POTHER INSTITUTION POTEST.	12a USUAL OCCUPATION LIVE OF WORK FORMOST OF VORKING LIFE! YUCK VIVER	126 KIND OF BUSINESS OR INDUSTRY
	SUAL RESIDENCE (IF NURSING HOME OR OTHER IN	NSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / KIP CODE	11 Do laca.
14	FATHER'S NAME	g Silver Spring	YES NO 1	2419 LY tonsv	ille Rd. / 20410
4	JAMES /	Kobinson	FIRM! 10/	A FERGUS	SONAST
160	WAS DECEASED EVER IN U.S. ARMED FO (YES NOOR UNKSOWN) (18 YES GIVE WAR OF 1947-19	ORCES? 166 SOCIAL SECURITY NO DATES! 234-38-1864	Kenee J. M	MAjors (daughter	e Novfolk, VA
	18 CAUSE OF DEATH Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	0 100.	A Anny	HMIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	Conditions, if ony, which	UE TO, OR AS A CONSEQUENCE OF	ioscienone.	HEAUT DISEASE	YEARS
	gove rise to immediate cause (a), stating the underlying cause last.	UE TO, OR AS A CONSEQUENCE OF	scienosic	CASLITERANS	YEARS
Z		TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN	NIN PART TIO ME
CERTIFICATION	190 DATE OF SPERATOR - 8/2 1918 8-29-85		NWAS PERFORMED WAR		WERE FINDINGS USED ING CAUSES OF DEATH?
		b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T OR PART 2)
MEDICAL	21d. INJURY OCCURRED 21d. INJURY OCCURRED WHILE AT WORK AT WORK	e PLACE OF INJURY IT HOME STREET, FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this hospital) attesting saw the deceased alive on above, (1) (we) (did) (did not) view	8/3/ 1985 00	d that in (my) (aur) apinion d	eath accurred on the date and hour	that (I) (we) last and from the causes stated
	226 SIGNATURE LUCLET		ATTENDING PHYSICIAN	APPOICAL STAFF	8/31/85-
	22d. PHYSICIAN'S NAME (TYPE OR PRINT) Kenneth	CRUZE, M.D.	831 Univers	sity BNA.E- Silv	ver Spring, Md.
231	10. BURIATI CREMATION, REMOVAL 236.	1-6-85 GYAVE	S FUNENOL T	123d LOCATION CITY OF FOLK	COUNTY JATE
24	Seorge R. Snow	uden 2 Har N. Ub	Sh. ST. 250 DATE	REC D BY REGISTRAR 256 REGISTRA	AR'S SIGNATURED

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL A

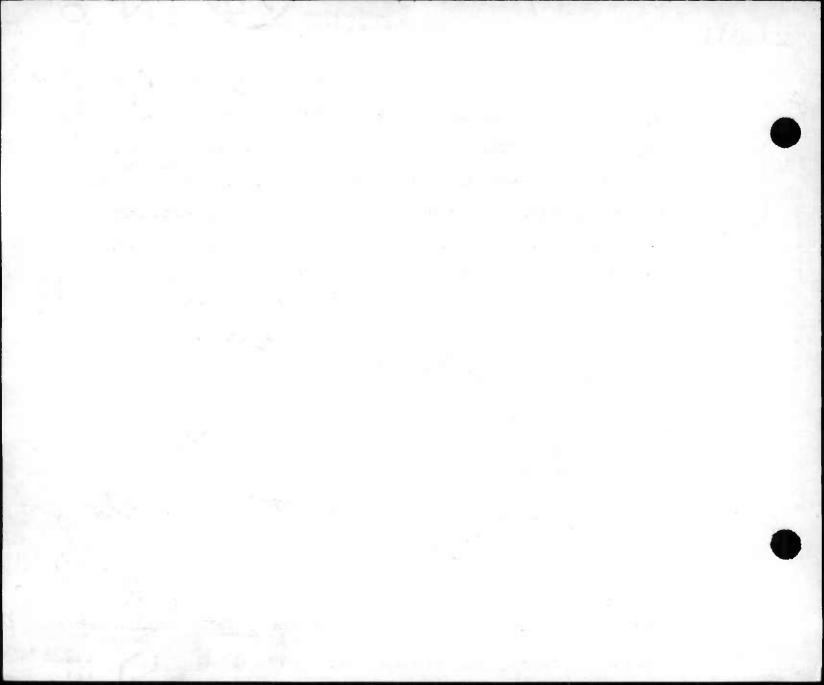
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20.	REG. NO. ATE OF DEATH MONTH DAY HEAR ZE HOUR
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(11)	or work for work of working size) INDUSTRY
Ac	countant GAO
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LEATH	AVECULARITY OF STATE
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M	ill - News
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MAI	DISEASE OR CONDITION GIVEN IN PART 1:6
12	MAUTOPSY? 186, # YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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11.	- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
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	/ouwww /irginia	USA	wipow	Area	Montgomery	MO
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USU.		Mont.	IN. CITY OR TOWN ROCK VIlle	134 INSIDE CITY LIMITS?	13+STREET ADDRESS / ZIP CO	0 20850
IA FA	Robert	MCCIIX C.	Rodgers	13. MOTHER'S MAIDEN NA HIST LUCY	MEDIE	right.
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MEDICAL CERT	CIR ERIHER HOTHY MEDIT CIR CONTERBUTING [CALERAMINER) HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19		The state of the s	E PART I CREART TI
MED	YE MORE your TEMD	OUE [7] (AT HOME.	E OF INJURY	ZH LOCATION	7 CAT ON TOWN	COUNTY STATE
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	Burial	Aug.	12 1985 Nation			ch, Wirginia
14.3	UNERAL DIRECTOR			ZH UA	TE REC'D: BY REGISTRAR 15% REGI	DIRAKSSKINATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Ives-Pearson Funeral Homes, Arlington,



FOR STATE

STATE OF MARYLAND

14000	-	REGISTRAR			CERTIFICAT	E OF DEATH	REG. N	10.		
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	160.		ARMED FORCES?	b. SOCIAL SECURIT	111111111111111111111111111111111111111	IFORMANT	ADDR			
000				117 24 2	535	ohnnye W.	Rodgers	(Wife)	Same	as 13
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4 4 5 6		underlying course last.	DUE TO, OR	AS A CONSEQUEN	Ssure					
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D 2 100 100	18	210. ACCIDENT WAS UNDERLYING			YEAR 21c.	HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	I OR PART 2)	
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d Maria	MEDIC	214 INJURY OCCURRED	21e PLACE O	FINJURY		OCATION	CITY OR TO	OWN	COUNTY	STATE
	2	MHILE NOT WHILE D	TAT HOME STREET	EI, FACTORY, OFFICE, FARA	W EIC I	J. N. C.				
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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

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IDE. After this certificate has been signed by the attending physician a	nadpen	on, or removal.	and the
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DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

н				KEG, NO.	
١	I DECEASED NAME FIRST	MIDDLE	IASI	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
1	(TYPE OR PRINT) Mak	galet Jan	e Rogers	8-	4-85 650AM
ı	3 SEX	LARACE ,	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
ı	Female	White	MONTH DAY YEAR	794 Rsigns	MONTHS DAYS HOURS MIN.
1	To BIRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
A	New Jersey	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	mekte	-cm/sky MD.
	10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126. KIND OF BUSINESS OR
ĺ	TAKOMA PARK	WASHINGTON A	DVENTIST HUSPITAL	Retired	Reg NUrse
1	USUAL RESIDENCE (IF NURSING HOME OF C	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS / ZIP COD	NE /
7	MARYLAND MON	TGOMERY SILVER	SPR. YES BY NO [8802 MANCHES	7/1 0001/
J	14. FATHER'S NAME	100s - 1 JAST	IS MOTHER'S MAIDEN NA		4 (115)
1	Charles	Peoples	dorth Elizab	eth	Edmonds
٦	160 WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 #OCIAL SEC	URITY NO. 17 INFORMANT	C CREVELING	The war
1	No	220-34	4369 MR. 667 EAT	RAST BRIDGE	MATER NUERSE
ı	II CAUSE OF DEATH (Enter only		ndici L of - 1		RETWEEN CONCET AND SEATH
	PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE III)	1 Fal	se-se Co	1/2/
		DUE TO, OR AS A CONSEQU	SENCE OF		200
	Conditions, if any, which	(m A <	SV ID		The lane
	gave rise to immediate cover (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
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ı			DEATH BUT OF RELATED TO THE TERM	AINALDISEASE OR GONDITION GI	VEN JART IIII
	THE STREET OF TH	Day F	- S - 0 . Pl	1 1/1	Theyrcamia
7	3 100 OFFER OF CHANGE	THE CONTRACTOR HELIT WHICH	HOPE ATION WAS PERFORMED	AN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
1	E 680/85	1 Kn/lance	who had		ES NO
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4	OF CONTRESTING CAUSE OF DEAT	P.M.	19		
1	714 INJURY OCCURRED	21s. PLACE OF INJUSTY	TH LOCATION	City OR TOWN	COUNTY STATE
ı	≥ ones □ sorvens □	(AT HOME, STREET, FACTORY, OFFICE,	YAMA (SC)	1 1	250000 (1000)
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1	nhove, (f) (way (did) (did not	view Thurbuthy office dunth	51 and the in (my) (our) opinion	death occurred on the date and he	ur and from the couses stated
1	721 SIGNATURE	*	DEGREE	/ /	72L DATE SIGNED
ı	H 20/	1-	ATTENDING PHYSICIAN &	DIRECTOR PHYSICIAN	18/4/85
٦	224 PHYSTOLAN S NAME HOWE	Perci)	222 ADDRESS	00 -	1 18 1.1
	HL MARTE	V.	6710 Ceny	et cice, Isl	esona Tent III
	23s. BURIAL, GREMATION REMOVAL	THE DATE	NAME OF CEMETERY OR CREMATORY	I THE LOCATION	trans 10 mm
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1	74 FUNERAL DIRECTOR	Water 54 Cab	roll ST. M.W. BEDAY	TE REC'D. BY REGISTRAR ISB. REGIS	TRANS SIGNOSPURE

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LOCUMA PARK DISSON TO THE TOTAL THE THEOLOGY BORNEY MARYLAND MONTEONERY SUVER-SPER + SECTION CHESTER RELECTION

Charles September Elizabeth Edmonds

and the second s

STATE OF MARYLAND

70 10 11 14 14	-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0			
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		VAS DECEASED EVER IN					17 INFORMANT	ADDR	SS		002110	
1	(YES, NO OF UNKNOWN) (IF YES GI			N/A 577-36-6155			Wilbern O.	d-(same	me as 13e)			
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7	CAT	190 DATE OF OPERATION	NC	196 CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W	ERE FINDIN	JGS USED	
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7		276. PHYSICIAN'S NAM	11110	MATY CCE S. DATE OF BIRTH S. AGE (INTERAS) LAST BRITEDAY) PUBLISHER FRANCE PUB								
		TARIQ	MAH	MOOL) .		10204 La	Q GOENNY	RIVE S	SILVER	2 SPRII	VS
		BURIAL, CREMATION, RI	EMOVAL 2	36. DATE	2:	NAME OF C	EMETERY OR CREMATORY			OUNTY.		
		Burial		8-28-1	985	Quanti	co National	Quantico			Virgini	a

TO HOSPITAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84

to FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Hea IMPORTANT: If he

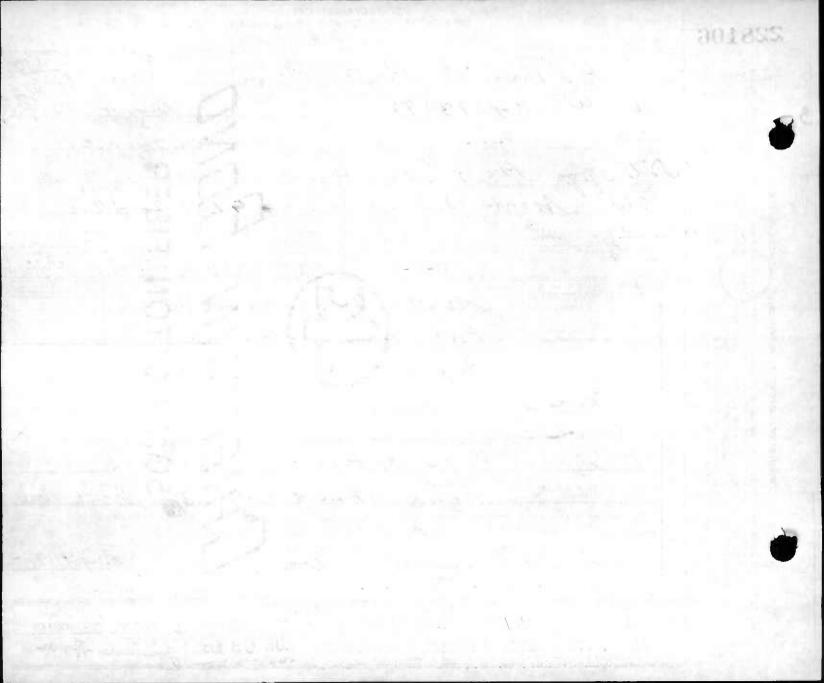
(VRA 15, 4)

Quantico National Quantico Virginia
11800 N.H. Ave., Silver Spring. Md. AUG 2 7 1985 74 FUNERAL DIRECTOR
Hines/Rinaldi Funeral Home

Silver Spring, Md

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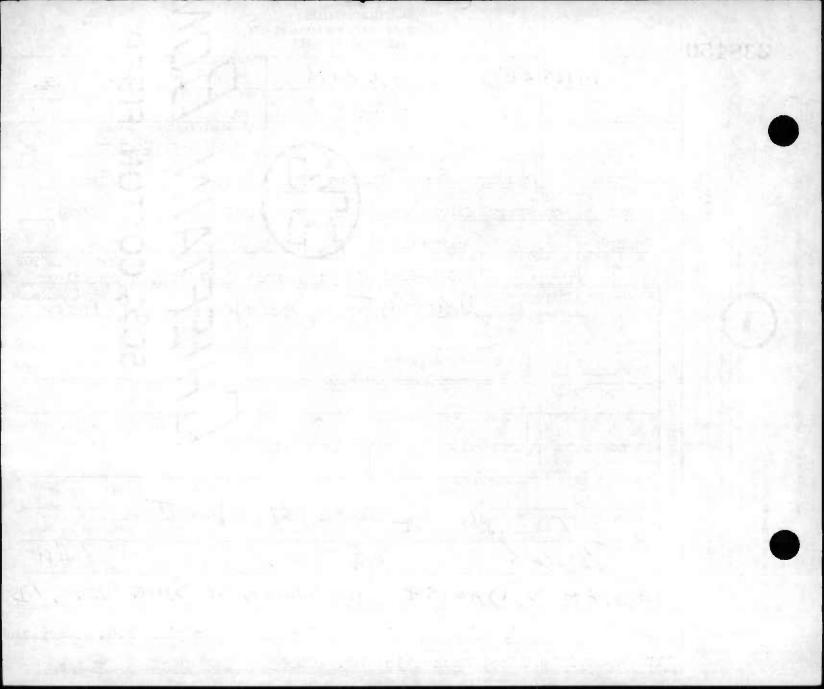
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, 201 W. PREST CUTED WITHIN IN PENCIL IN EXAMINER A RIAL - TRANSIT ID MENTAL HY ION, OR REMO		Conditions, if ony, which gave rise to immediate cause (a) stating the under-	
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OF VITAL ATE SHOUN E WORD " THE CHIEF AEN TOF H O BURRIAL	CERTIFIC.	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR DAY YEAR 21C HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	YES NO
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BATTE BATTE	23a.E	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CRESCHAFT ERY 23d. LOCATION COUNMA	RYLAND. GEORGE'S
25M DHMH - 17 (VR A15 ME (5))	24 E	FUNEDAL DIPECTOR	ATLIRE



		STATE OF M	ARYLA	ND	52 6
D	EPARTMENT	OF HEALTH	AND A	MENTAL	HIGIEN
	CE	RTIFICATE	OFD	FATH	

2	3	der me	5	2

238150	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL ATG	REG. NO.				
may be poge 3 cr deoth		CEASED NAME FIRST	TRET	A.	Ri	JBIN	20 DATE OF DEATH MONTH	13 85 8:45p. M			
mo ter o	3. SEX	(4 RACE		5. DATE C		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS			
ige 4		emale	White		Marc	ch 25, 1921		RS			
7 2 PO Q	(RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI	D MEVER MARRIED	9 BALTIMORE CITY OR COU				
deor hun deor		ew York	U.S.		WIDOWE		Montgomery County, MD 126 USUAL OCCUPATION 126 KIND OF BUSINESS OR				
by the	Ke	nsington	Kensing	ton Garde	address) ens Nu	arsing Home	TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	NG LIFE) 126 KIND OF BUSINESS OR INDUSTRY Home			
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ately 2 st	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE	LAST			
1 de 1 200		Joseph		Amster		Sarah		Katz			
dicol dicol		VAS DECEASED EVER IN U.S. AR	MED FORCES?	R OR DATES)				Spring, Md. 20902			
S. Po	NO			095-18-	3326	Albert S. Rub	in;11017 Horde	e Street; Silver			
1		18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUSE	nly one cause per	ling or tay (b), an	dich.	1-	111.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ever ever			TE CAUSE (a)	Buol	masi	Ama Mu	Herms	1 year			
anotic motion		DUE TO, OR AS A CONSEQUENCE OF									
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d by the ease ren ol, crem		cause (o), stofing the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF									
n signed Then plum to burn injury, a	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ontributing to 1	DEATH BUT	NOT RELATED TO THE TERM	nal disease or condition	GIVEN IN PART I a			
hos bee hos been prior	TIFICATION	190 DATE OF OPERATION	196 COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 YES NOT							
ysici cote cote nonsit	CERTI	210. ACCIDENT WAS UNDERLYING		OF INJURY	AV VEAD	214 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA	MIB PART OR PART 2)			
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this c e bur d Me	MEDIC	21d INJURY OCCURRED		OF INJURY REET FACTORY, OFFICE F	ARM. ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
otte os th th on orked	2	AT WORK NOT WHILE				100	0 7				
Nee I S III		22a I certify that (1) (this Josep	ital) attended	gosed from	-	100 1901	_ to rolly	, 19, that (I) (we) last			
Sprit SCTO d for h. of l		sow the deceased give on	t view the body	ofter death			death occurred on the date and	have and from the causes stated			
by the hore by the hore detached State Dept		ITE SIGNATURE	Nh		n	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	S/14/SJ			
FUN wild b		ABRAHAM	WD	ANISI	t	1106 SPRIN	16 ST. SIL	VER SPRING MD			
Off Car	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
BP		Burial	8/16	5/85 Mt	. Le	banon Cemet	erv: Adelphi	: P.G.: Marylan			
DHMH - 16 60M 7/84		INERAL DIRECTOR DAN ZA	MSKY-C	OLDBERG	MEM	ORIAL CHPES	RECD. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE			
(VRA 15, 4)	1:	170 Rockville	Pike;	Rockvi	11e,	Md. 20852	10 toos 24	K. 10 . 10 . 2002.			



242128 1 - STATE REGIS

nerol director, page 3 n 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

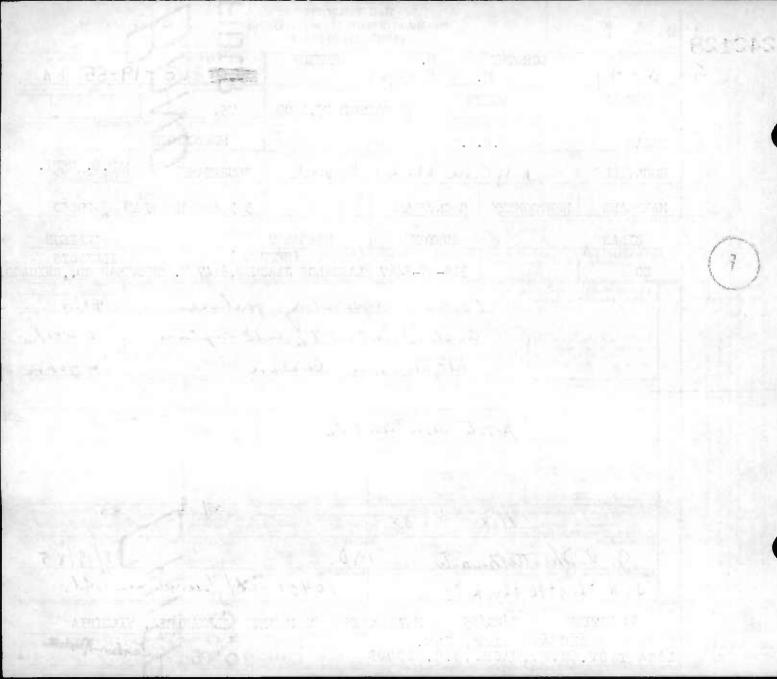
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	REGISTRAR			CERTI	ICAIL OF DEATH	REG. N	0.			
	CEASED NAME FIRST	OROTHY	MIDDLE M.	1	AST RUNYON	20 DATE OF DEATH	MONTH DAY	YEAR	76 HOL	JR
(TYP)	Dorothy	М	R.	nyor)	1 12 3-13	8-19	-85	1 11	A
3. SE		4. RACE	. 100	5. DATE C		6. AGE LIN YEARS LAST BIR	THDAYS IF U	INDER I YEAR	IF UNDER	R 24 HRS
J. SE	FEMALE	WHI	TE	MONTH		75	YRS.		HOURS	MIN.
		76 CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED XX	9. BALTIMORE CITY C	R COUNTY OF	DEATH		
	EXAS	U.S	. Δ .	WIDOWE		MONTGO	MERY			MD
- de	ITY OR TOWN OF DEATH			-	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON I	12b KIND O	F BUSIN	
1	OCKVILLE	Trady E	HACILITY, GIVE STREET A	entist	Hospitul	SECRETARY	F WORKING LIFE)]	INDUSTY		
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
M		GOMERY	ROCKVIL		YES X NO		RE ROAD	20	0850	
14 F	ATHER'S NAME				15. MOTHER'S MAIDEN NA					
	SILAS	MIDDLE	RUNYON		MARGARET	WIDDLE		AT.	LISO	N
16a \	WAS DECEASED EVER IN U.S. AR.	MED FORCES?	166 SOCIAL SECU			TTTT \ ADDR	ESS			
	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	318-07-		(NEI	HEW)	CITEDT	ILLI		
	NO)10=0/-	7407	LAWRENCE JAR	CHOW, 6147 N	• SHERT			
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause pe	r line for (o), (b), one	d (c).)		1 5/			ONSET AND	DEATH
		E CAUSE (a)	Cardio	- ne	gerrator	Harture		48	br.	
	to select the select	DUE TO C	D AC A CONSCOUR	NICE OF		,				
	Conditions, it ony, which (1) Which (1) Which I will supplied the conditions of th							2 week.		
	gove rise to immediate									
	couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.						111-11			
	(c) Atzhlemes Deserve							Jeno		
7	PART 2. OTHER SIGNIFICANT O	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11	0	
CERTIFICATION										10.00
CAT	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	TION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDIN IN CERTIFYING CAUSES					
Ë		Ace	the Venes	to deventionality.			YES T	T	NO F	
IN	21a. ACCIDENT WAS UNDERLYING	1 216. TIME C	OF INJURY		21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEA			AY YEAR						
CA	(IF EITHER, NOTIFY MEDICAL EXAMINER		.M.	19						
WEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM. ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY		STATE
~	AT WORK NOT WHILE	la confr								
	220.1 certify that (I) (this haspi	tol) ottended tl	ne deceased from_		, 19	to _ 8 10	19.	65	that (l) ((we) lost
	sow the deceased alive on	8/18	19	85.01	nd that in (my) (our) opinion o	death occurred on the d	ote and hour on	nd from the	couses st	toted
	obove, (I) (we) (did) (did na 17b, SIGNATURE	t) view the body	otter deoth.		DEGREE			22c DATE	SIGNED	
	0 2 1	41-14	7		M) ATTENDING _	MEDICAL STA		9/11	9/0	5
	J. K. SM	nuch	wall.	- 1	PHYSICIAN	DIRECTOR PHYSIC	IAN	10/1	119)
	22d. PHYSICIAN'S NAME ITYPE O				22e. ADDRESS	1111 4.	1. The	0	1	
31	J, K. Thist	ETLW	AITE		10401	Call Tues	ye Town	- "	F(.	
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	234 LOCATION				
	ISPECE CREMATION	8/20		ETROP		DRY ALEXAN	DRIA. V	TRĞIN	TA :	STATE
		,,								

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this should be detoched for use as the buyinh the State Dept. of Mealth and MMPORTANT; If New 21 is marked or

14 FUNERAL DIRECTOR RICHARD RAPP, INC. 1804 T ST., N.W., WASH., D.C. 20009 ALIG 2.3 1985



FOR 1 - STATE REGISTRAR

DECEASED HAME

5EX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE CERTIFICATE OF DEATH

		Sug

6. AGE (IN YEARS LAST BIRTHDAY)

89

20 DATE OF DEATH

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E-0	5	-		

IF UNDER I YEAR

2b. HOUR

UND OF BUSINESS OR

DO DATTREE D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

he Bavidson-Rand

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MD.

25	
ithin 24 hours ofter death. Page 4 may be the filled in by the function director, page 7 happed be filled within 72 habits after death	1
Poge	5
Jeoth.	7
ofter o	-
24 hours offer death. P	1
hin 24	
Pa Page	1
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een sig	
The low ion.	
physic tificote throns	0
PHYSIC inding this cer e burio	
VDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be I are offending physician. 8. After this certificate has been signed by the ottending physician of compile in tilling in by the function page 3. 8. After this certificate has been signed by the ottending physician of compile in tilling in by the function death of Abertal Hasting and Marrial Page 2.	

DHMH - 16 50M 4/83

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

11	1	AS DEJEASED EVER IN U.S. ARME	Wiveri.	Trances	MIDDLE	LAST ESS
7	e.	IS NO OF LINKSOWNI IF TES CONTA	AR CR DATES	Trancas Ols	on 130	·)
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED 8 IMMEDIATE C	1. 64	tu Car	unon	BETWEEN OF
-1		C-425- 4 - 151 4	DUE TO, OR AS A CONSEQUENCE OF			
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF			
-	CERTIFICATION	PART 2. OTHER SIGNIFICANT COM	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT		NAL DISEASE OR CON	DITION GIVEN IN PART 110
///	2	THE DATE OF CHERATION	The condition for the condition	THE CHAPTER	- 4	IN CERTIFYING CAUSES (
4	Ē				YES NO X	YES
	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	- 44	
	CAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRI 211. LOCATION STREET	- 44	RY IN ITEM 18 PART 1 OR PART 2)
	_	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OC CURRED WHILE AT WORK NOT WHILE 22a.1 certify that (1) (this hospital)	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) ottended the deceosed from	211. LOCATION	ED (ENTER NATURE OF IN)U	OWN COUNTY 19 1, 19 1, 11
	_	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIWHILE 27a.1 certify that (1) this hospital) saw the deceosed glive on 1	HOUR A.M. MONTH DAY YEAR P.M. 19 ZIE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) ottended the deceosed from 7- iew the body ofter death.	211. LOCATION STREET 19 DEGREE ALTENDING	ED (ENTER NATURE OF IN)U	OWN COUNTY 19 55, It ote and hour and from the county 22c. DATE S

MIDDLE

WHAT

7% CITIZEN O

COUNTRY?

REG. NO.

MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

The second the Markey the Marchet Helphal H. W. Retich.

The species that the shape fellows that I have been that Oliveri Hancest (190)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAGIENE

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1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.			
	EASED NAME FIRST	٨	AIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOL	JR
11115	MAX		F.		RYAN	AUGUST 1	1. 198	5	7.1	OPM
3 SEX		4 RACE		S. DATE C		6. AGE IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER	AIN.
M	ALE	CAUCAS	IAN	FE		76	YRS			
7a. BIF	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
	ASHINGTON, D.C.	u.s.		WIDOWE	DIVORCED	MONT	GOMERY			MD.
10 CI	Y OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND C	F BUSINE	ESS OR
	ILVER SPRING	35	11 FOREST	EDGE	DRIVE	BUSINES	S MGR.	D.C.	TRA	NSII
130 S	TATE 136 COU		136 CITY OR TOWN		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE			
		GOMERY	SILVER	SPR1			EST EDI	GE DRI	/E 20	1906
14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAS	15	
	JOHN	Т.	RYAN		BERTHA	4000		<u>HOMPSON</u>		
160 W	'AS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	166 SOCIAL SECUR		17 INFORMANT SO			EN MARY		VE
	ES NO OR UNKNOWN) (IF YES, GI		578-10-	6587	JAMES L. RY	'AN OLNEY, MD.				
	18 CAUSE OF DEATH (Enter only one couse per line for ya), (b), and (c). PART I, DEATH WAS CAUSED BY:						BETWEEN	BETWEEN ONSET AND DEATH		
		TE CAUSE (o)	Willen or	arec	- our of 1	hostate		4-	5 41	1.
		DUE TO, OI	R AS A CONSEQUE	NCE OF	0					
	Conditions, if any, which gave rise to immediate	(b)								
	couse to, storing the underlying couse lost	DUE TO, OI	R AS A CONSEQUE	NCE OF						
		(c)								
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	MIRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COR	ADILION GIVE	EN IN PART IT	0	
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHIC							ES, WERE FINDINGS USED		
IFIC					YES NON YES YES			OF DEAT		
ERT	210, ACCIDENT WAS UNDERLYING	216. TIME O	F INJURY		21c. HOW INJURY OCCURE					
	OR CONTRIBUTING CAUSE OF DE	ATH	M. MONTH DA							
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P. PLACE		19	211 LOCATION					
ME	WHILE NOT WHILE	(AT HOME STR	EET, FACTORY, OFFICE FA	RM ETC)	STREET	CITY OR T	OWN	COUNTY		STATE
	220.1 certify that (I) (this hosp	ital) attended the	deceased from		10 8 2	10 [[An	10 85	that the	un) lost
	sow the deceased alive or above, (I) (weekler) (did no			50	nd that in (my) (Non opinion (death occurred on the	dote of hour	and from the	couses ste	oted
	22b SIGNATURE	of) view the body	ofter death.	_	DEGREE			22c DATE	SIGNED	
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D									
	224 PHYSICIAN'S NAME (TYPE	ORPINU D.	08	1 1 0	22e ADDRESS] DIRECTOR [] TITIS	CIAIT			-
	DONALD D	TLLON	ce and	my	18111 PRINCE	PHILLIP DI	R. OLNE	EY. MAR	YLAN	10
23n F	LIBIAL COSTA ATION DE MONTO		23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	-			
	OF C IE HI		GATE OF HEAVEN SILVER SPRING MONT							
(BURIAL	8/14/8	5 G	ATE O	F HEAVEN	STLVER	SPRING	LOW	IT '	STATE MT
ŧ	BURIAL NERAL DIRECTOR FRANCE	8/14/85 CIS J. CO	5 GA	ATE O	F HEAVEN 25a. DAT	SILVER		MON RAR'S SIGNAT		MD MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. Pewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is morked or them 8 shows ony injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE

Com	0	God	dist.	

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO Rverson 2a. DATE OF DEATH 2b. HOUR S. DATE OF IRTH 4 RACE IF UNDER TYEAR 3 SEX MONTH BALTIMORE CITY OR COUNTY OF DEATH MARRIED KIEVER MARRIED Wisconsin USA ontenmeng WIDOWED NAME OF HOSPITAL NURSING HOME OF IN CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR HOUSEWITE USUAL RESIDENCE AIF NURSING HOME OR OTHER INSTITUTION Md. 13. SIREEL ADDRESS 1ZIP CODE OVE Rd. Mont. 134 INSTRECTLY LIMITS? YES NO M. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE AHDDLE George Broadhead Maud! McClurg 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 219-48-1103 LYES NO OR UNKNOWN! (IF YES GIVE WAR OR DATES) Gerald Ryerson (Husband) Same as 13E None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c)
PART I DEATH WAS CAUSED BY: CONGESTIVE HEARS 4FM. IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF ALTERYOSCLEROTIC VASCULAR DISCASE Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse 1 WK REDISCHO DISEUMORIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ALZHEIMERS 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 78e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 71a, ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC ALEXAMINER) P.M 71d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) STREET AT WORK JULY 27a 1 certify thoy (1) (this hospital) attended the deceased fram. sow the deceased alive on. (our) opinion death occurred on the date and hour and from the causes stated obove, (we) (and) (did not) view the body ofter death. ATURE DEGREE 22c. DATE SIGNED STAFF MEDICAL ATTENDING PHYSICIAN M DIRECTOR PHYSICIAN COLLINBIA BLUD COLEMAN SPRING 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial 8/26/85 Parklawn Cemetery

DHMH - 16 50M 4/83 (VRA 15, 4)

burial-transit per Mental Hygiene

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FUNERAL

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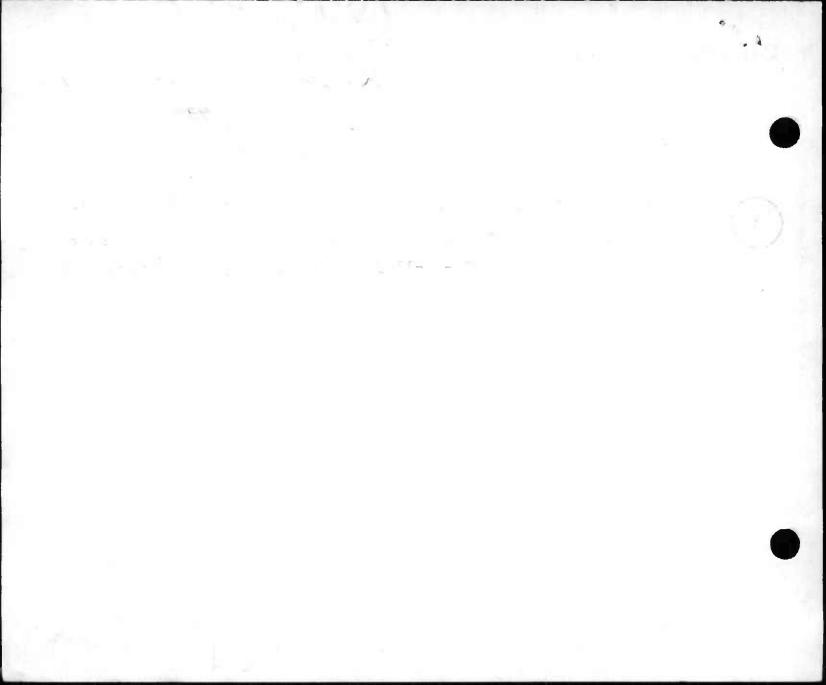
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morked

MPORTANT

Rockville

11800 New Hamp. Ave. S.S. Martin Record By Registrar By Registr 14 Hines Rinaldi



mul director, page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by executed within 24 hours offer de- etomed by the hospital or attending physician	TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physicial candicamply any filled in by the funishould be detached for use as the burnol-tronsit permit. Then please remove contact appears. Then I and 2 thould be filled with the State Dept. of Health and Mental Hygiene prior to burnol, cremation, or remarkal.
	O HOSPITAL OR	TO FUNERAL DIR

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	DEPART).		
	CEASED NAME FIRST LOREN	NA MAYE	SA	STLER	2a. DATE OF DEATH	8/12/	85 1 T	719 A
3 SEX		4. RACE	MAYE SADTER 8 12 ACE White Dec. 11,1900 Maye MARRIED NEVER MARRIED NEVER MARRIED NOT HER INSTITUTION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NAME OF HOSPITAL, SITE STREET HOME OR OTHER INSTITUTION NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT HOME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT HOME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT HOME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT HOME OF HOSPITAL HOME OR OTHER INSTITUTION NOT HOME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT HOME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT HOME OF HOSPITAL NURSING HOME OR OTHE		R 24 HRS			
F	emale	White		11,1900	84		DATS HOURS	MIN.
7a. BIR	STHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	
M	aryland	USA			Montgon	ery Coun	ty,	MD.
R	ockville	Shady Gove	De Ve	LAST HOSP.	TYPE OF WORK FOR MOST OF	WORKING LIFE) IND	KIND OF BUSIN USTRY .S. GOV	
13a S1	TATE 136 COUR	NTY 13t. CITY OR TO	WN	13d INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS / 101 Odend	zip code hal Ave.	2087	7
14 FA1	THER'S NAME	MIDDLE LAST	100	15 MOTHER'S MAIDEN NA			LAST	
	Reginald			Īda	Maye		rimes	
	(AS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		17 INFORMANT		ss 26805	Grace C	t.
(10	No	218-01-8	3921	Allan P. Sad	itler, Jr.		us, Md.	
	PART I. DE ATH WAS CAUSE	nly one couse per line footo), (b), o ED BY: TE CAUSE (o)	ind (c).)	amesh			APPROXIMATE INTE	D DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT Carees.	due to, or as a consequence	UENCE OF	Critica Dixa	INAL DISEASE OR CONE			
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WAYC	H OPERATIO	N WAS PERFORMED		IN CERTIFYING	AUSES OF DEA	TH?
E	21a ACCIDENT WAS UNDERLYING	7 11 TIME OF BUILDY		121. HOW INTURY OCCURE			NO	
	OR CONTRIBUTING CAUSE OF DE	MOUD AND MONITH I	DAY YEAR	THE HOW HAJORT OCCORP	(ENTER NATURE OF INJUR	TINITEM IS PARTION	PARI ZI	
III I	(IF EITHER NOTIFY MEDICAL EXAMINE) 71d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY			CITY OR TO	wn co	UNIY	STATE
	22a.1 certify that (1) (this hosp sow the deceased alive or	ital) attended the deceased from		nd that in (my) (our) opinion (deoth occurred on the de	19_8 ite and hour and fr		(we) lost
	above, (I) (we) lefted (did no	ot) view the body ofter deoth.		DEGREE ATTENDING	MEDICAL STAF	F 22	DAJE SIGNE	82
	DEMN IS HIGH	OR PRINT)		13-15 Eat	Dear Paul	Dr, Ga	Misby	no
	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUN	- 	STATE
12	Burial	Aug. 15, 1985	Pr	ovidence	Kemptown	Frederi	ck, Md	•
24 FU	INERAL DIRECTOR	worth P A Person			REC'D BY REGISTRAR	75b. REGISTRAR'S	GIGNATURE	

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ond completely filled in by the f TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours ofter retained by the haspital or attending physician. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

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1.	STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYA FICATE OF DEATH		EG. NO.		3
	ECEASED NAME FIRST		MIDDLE		ŁAST	20 DATE OF DEA	HINOM HIA	DAY YEAR	26 HOUR
	Harı	riett	Elizabeth	S	alter		8	7 85	10:15 %
3. SE	X	4 RACE		5 DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS	AST BIRTHDAY)	MONTHS DAT	
	Female	Caucas	ion	Apri		8	34 YR	RS.	
7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE C	ITY OR COU	NTY OF DEATH	
	Maryland	U.S.	.A.	WIDOW		Mon	tgomer	.y	MD.
	aitherburg	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A Health Ca	ADDRESS)	or other institution	12a USUAL OCC LTYPE OF WORK FOR: House			OF BUSINESS OR
13a. Ma			Gaither	N	13d INSIDE CITY LIMITS?	13e STREET ADDR			0877
14. F.	Joseph	Mo	Simonda	5	IS. MOTHER'S MAIDEN NA FIRST Fannie	I	DDLE		Kenzie
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	211	^D Russe	ell Ave.	
	No	THE WAR ON DAVES!	064-01-9	163	Ernest H. Sa	lter Gai	therbu	irg, Md.	20877
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse pe	r line for (a), (b), and	dic.				APPR BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
		SED BY. ATE CAUSE (0)	Metsoto	ic T	Breast Com	u			8 mo
NO	PART 2 OTHER SIGNIFICANT	(Ic)	ONTRIBUTING TO D		NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION	GIVEN IN PART	110 Heart
CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	IN CE	FYES, WERE FINE ERTIFYING CAUS YES [DINGS USED ES OF DEATH?
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	.M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE O	OF INJURY IN HEM	A 18 PART I OR PART 2	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	CIT	y OR TOWN	COUNTY	STATE
	sow the deceased alive of above, (1) (was (did) (did)	n Tul	n 10 19 0	51.	nd that in (my) tourn opinion	deoth occurred on	the dote and	hour and from the	he couses stated
	77b SIGNATURE	20	也一人	0		MEDICAL P	STAFF HYSICIAN [1E SIGNED 3/8/85
	22d PHYSICIAN'S NAME (TYPE				77e ADDRESS				
	DONALD E DIL	LON, M.D.			2901 Olney-S	Sandy Spr	ing Rd	Olney,	Md.20832
	BURIAL, CREMATION, REMOVA [SPECIEY] Creamation	Aug.	9, 1985 We	estvi	ew Mem. Park	23d LOCATION Baltin	ore	Baltimo	
P. P.	Jans Halls		ckhardt Fi wings Mill		l Chapel 250 DAI d. 21117	TE REC'D. BY REGIS	TRAR 25b. REC	GISTRAR'S SIGN	ATURE

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- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE CERTIFICATE OF DEATH

227058 20 DATE OF DEATH MONTH 1. DECEASED AND ME 26 HOUR Otto Sandman Jr. Henry 4 RACE S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR White 1917 68 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Laurel, Missi U.S.A. WIDOWED Montgomery IB CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) 19911 Tanbark Way Brinklow, Md. Ret. Army Col. JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e.STREET ASTRESS / ZIP CODE 13d INSIDE CITY LIMITS? Elizabeth Virginia Hampton Chesapeake avenue 2366 IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME Martha Sophia Otto Henry Sandman Sr. Breest 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 260-60-2946 Beverly Thompson Sandman(wife) same as 13e Yes WWTT APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c) PART I. DEATH WAS CAUSED BY: COLON CANCER DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 286 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) AT WORK NOT WHILE 220.1 certify that (I) (KKKKKK attended the deceased from the deceased alive an Aug. 11 19.85 Jan _, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat view the bady after death DEGREE 22c. DATE SIGNED Aug. 12, 1985 AGRIATOLOGY-ONCOLOGY CLINIC GRANT DAYLOR MA REED ARMY MEDICAL CLANTER 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 16. Burial August 1985 Westview Atlanta Georg-250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNA 24 FUNERAL DIRECTORHines/Rinaldi Funeral Home wine Davidson- gande 11300 N.H. Ave. S.S.

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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGIENE CERTIFICATE OF DEATH

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1	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10			
1		EASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	-0
L	TYPE	Celest!	Ne EMMA	- 5	aunders	1776	8-	12-85	9.30	M
3	SEX		4 RACE	5 DATE C	F BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24	AHR'
1	FI	EMALE	NEGRO	DEC	2. 15.1907	77	YRS		HOURS	MIN.
-5	n. Bil	THPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	-	
7	V	IRGINIA	(1.5.A.	WIDOWE		Montgome	erv (County		MD
1	A CI.	TY OR TOWN OF DEATH		IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b KIND C	F BUSINES	
5/4	56	LUBR SPRINGS	HOLY CROS	1	tosp.	HOUSEC				
1	USUA	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)				- 1/2	9/1	7)
П.		tayLand /	1900 Silvers	PRINGS	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	1 1 -1		DUR	+
		THER'S NAME			15. MOTHER'S MAIDEN NA	ME	2 1 /4			
Y		FIRST 11hlk	NEWN		FIRST #	MIDDLE	011	LON IAS	â¶.	
7	60 W	AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	IRITY NO	17. INFORMANT	ADDR	ESS	aen_		
4	{Y	ES. NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	9749	A DANIT	1 50,000	Lens	71/21	541	en-G
F			1227-10-	-1171	DHUIL	LIJAUNO	ICKS	APPROX	IMATE INTERVA	AI.
1		PART I. DEATH WAS CAUSE		N. O	Faither -	Ventrado	1 An	19 BETWEEN	DNSET AND DI	HTAS
-1		IMMEDIA.	TE CAUSE (a)	N m	1010)			1 Jun	4	
-			DUE TO, OR AS A CONSEQUE	NCE OF	028m 4/1	- RXX	MU	1		
-		Conditions, if any, which gove rise to immediate	(b)	An	201010	11/1/1	7 7			
-1		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF			/			
1		onderlying coose lost.	((c)							
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION G	IVEN IN PART I	a	
7	8	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPEDATIO	19 JUNIO	200 AUTOPSY?	Tank IEV	ES, WERE FINDIN	ICE HEED	
	CERTIFICATION	THE DATE OF OPERATION	1191 CONDITION FOR WHICH	OPERAPIO	N JW 45 PERFORMED		IN CERT	LIFYING CAUSES	OF DEATH	1?
7	Ē.	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		Tal- How humpy occupa	YES NO		YES	NO 🗌	
		OR CONTRIBUTING CAUSE OF DE		AY YEAR	21¢ HOW INJURY OCCURE	(ED (ENTER NATURE OF INJ	JRY IN ITEM 18	B PART OR PART 2)		
	5	(IF EITHER NOTIFY MEDICAL EXAMINE		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TI	DWN	COUNTY	STA	ATE
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1			ital) attended the deceased fram	- And	19 5	_, 10		. 19.0.	that (It (we	e) last
-		sow the deceased alive an above. (1) (we) (did) (did no	at view the badd after death.) 2, al	d that in (my) (aur) apinion of	death occurred on the	late and he	our and from the	causes state	ed
-		IZE SIGNATURE	-1-111	14	DEGREE			27c DATE	SIGNED	-20
		Heix	((Allian	IN	ATTENDING PHYSICIAN	MEDICAL STA	CIAN [8/1	3/0	3
7		224 PHYSICIAN'S NAME (THE	SEPRENT!	-	ADDRESS			1	110	3-
		HECTOL	CCCOLLISO	nt	no 1111 9	PLING	57	5/4-5	San	2/4
1		URIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION				NS7
F	> "	LOUAL-BURIAL			4 . 4 .	HIJARS	0 (1)	COUNTY	000	LiA
2		INERAL DIRECTOR				E REC'D. BY REGISTRAL	25h REGI	STRAR'S SIGNAT	L9/1	0 / 18
	0	7 NAME . 1)	F I ADDRESS		AUG	2 0 1985	20:		andelle.	

FOR

STATE
REGISTRAR

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212	9	P
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	O HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate performance within 24 hours etained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending pilysociety condition that in Industrial should be detached for use as the burial-transit permit. Then please remove carbon papers, and the farmed with the State Dept. of Health and Mental Hygene prior to burial, cremotion, or remover.
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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND	3 1
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	
TZAL	20 DA

YPE OR PRINT)	FIRST	MIDDLE	TAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
Te	Villiam	T Caba	iman	August 12, 19	85 6:58PM
SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
male	White	Whr	11 27, 1924	61 yrs	MONTHS BATS HOURS MIN.
BIRTHPLACE (STATE OR		WHAT COUNTRY? 8 MARRI	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
Michigan	United	States WIDOW		Montgomery Co	ounty, MC
olney	Montg		al Hospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Analyst-Defence	126 KIND OF BUSINESS OR INDUSTRY Department
aryland	136 COUNTY Montgomery	GIVE RESIDENCE BEFORE ADMISSION 13(CITY OR TOWN Rockville	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 13208-Magellar	Avenue 20853
FATHER'S NAME FIRST Adolph	Philip	Scheiman	15. MOTHER'S MAIDEN NAM FIRST Adrienne	WIDDLE	Oostdyke
WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	
No	, The rest one was on partes;	366-12-4514	Elaine M.Sche	iman(wife) Same	as #13
underlying couse	· lost_				
PART 2. OTHER SIGN Condiac a 196 DATE OF OPERA	white hima, 5	ONTRIBUTING TO DEATH BU hock regine h	of insufficiency,		s, were findings used
Cardiac a	white hima, 5	hock respired	of insufficiency,	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Cardiac a	TION 196 COND DERIVING 196 COND CAUSE OF DEATH CAL EXAMINER) RED 21e. PLACE	DE INJURY M. MONTH DAY YEAR M. 19 OF INJURY	216 HOW INJURY OCCURR	206 AUTOPSY? 206. IF YE IN CERTIL YES NO YES ED (ENTER NATURE OF INJURY IN ITEM 18 I	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)
218. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDI	TION 196 COND DERLYING 196 COND CAUSE OF DEATH (CAL EXAMINER) P. RED 21e. PLACE (AT HOME. STI	ITION FOR WHICH OPERATION FOR WHICH OPERATION OF INJURY M. MONTH DAY YEAR M. 19	M WAS PERFORMED 21c. HOW INJURY OCCURR	200 AUTOPSY? 206 IF YE IN CERTIL YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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21g. ACCIDENT WAS UNION CONTRIBUTING 16 (IF EITHER NOTIFY MED) 21d. INJURY OCCUR. WHILE NOT WAT WORK AT WORK 22g.1 certify that (1) saw the deceas	TION 196 COND DERIVING 196 COND CAUSE OF DEATH CALEXAMINER) RED 21e. PLACE (AT HOME. STILL (ITHIS HOSPITOL) ottended the ed plive on.	ITION FOR WHICH OPERATION OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY REEL FACTORY OFFICE, FARM, ETC.) ofter death.	WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET 21d. how in (my) (my) opinion of DEGREE	206 AUTOPSY? 206. IF YE IN CERTIL YES NO YES NO YES TO THE NATURE OF INJURY IN ITEM 18 IS CITY OR TOWN	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART I ORPART 2) COUNTY STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

J. Wm. Lee's Sons Co.300-4th St., NE, Wash., DC20002 12

IMPORTANT: If Item 21 is marked or Item 18 shows any

White April 27, 1924 61

Michigan United States

Analyst-Defence Department

Analysland Montgomery Rockville x 13208-Magellan Avenue 20853

Adolch Philip Scneiman Adrienne - Oostdyke

No 366-12-4514 Elaine M.Scheiman(wife) Same as #13

X

Donald E.Dillon, MD

Olney, Maryland

Gremation Aug. 15,1985 Lee's Grematory

Washington, District of Columbia

J. wm. Lee's Sons Co. 300-4th St., NE, Wash., DC20002

- STATE

STATE OF MARYLAND	0 1
PEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

REGISTRAR 2a DATE OF DEATH DECEASED NAME 2h HOUR TYPE OF PRINTI 1985 24, 5:00 AM AVU 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER YEAR 3 SEX 4. RACE IF LINITED 24 HDS FEBRUARY 11.1914 WHITE FEMALE TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. MASSACHUSETTS MONTGOMERY WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12h KIND OF BUSINESS OR DEPT. STORE ADVERTISING 6001 AVON DRIVE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYLAND MONTGOMERY 6001 AVON DRIVE 20814 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE OWENS JOHN JOSEPH MURPHY MARY L. 16h SOCIAL SECURITY NO 17 INFORMANT the WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) (YES NO OR UNKNOWN) DONALD G. MURPHY NEPHEW SAME AS ITEM #13 090-09-2095 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO 218. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF PART 2 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE (AT HOME STREET FACTORY OFFICE, FARM ETC.) STREET CITY OF TOWN AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deseased from sow the deceased alive an abave, the (we) (did not) view the body offer death and that in (My) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

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24 FUNERAL DIRECTOR

8/25/85

METROPOLITAN CREMATORY

ALEXANDRIA, VIRGINIA

1985 PEGIS VAR HUGHA Whendall

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233023 REGISTRAR TYPE OR PRINT

STATE OF MARYLAND 9a thru 22a DEPARTMENT OF HEALTH AND MENTAS HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH L DECEASED NAME 20 DATE KNOWN DEATH MATED AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAYL PRONOUNCED BALTIMORE NEVER MARRIED DIVORCED RET. WORKER 13e SIREET ADDRESS 130. STATE 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT [YES, NO, OR JUNKNOWN] I HE YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a)-(b), and (c). FRECHE HE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM BY CHILD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG THE PROPERTY OF THE CHIEF MEDICAL EXAMINER ALONG THE PENCIL DIRECTOR: PACE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMITTED BY WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE CHILD OFF MARYLAND, 21201 PRIOR TO PURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH-WAS CAUSED BY MAMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Fracture of Right hip NO BO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING fell wat of bed CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN STATE WHILE AT WORK Maple avenue Home Takoma MD 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinian Hamicide death resulted from Natural causes Accident Suicide Undetermined manner TITLE (SPECIFY) 23d. LOCATION 256. REGISTRAR'S SIGNATURE 25a, DATE REC'D, BY REGISTRAR **DHMH - 17** (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE - STATE CERTIFICATE OF DEATH MIDDLE

1170 Rockville Pike: Rockville, Md. 20852

REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR White 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery County, 12b. KINDUSTRY Home 126. KIND OF BUSINESS OR Rockville Housewife 13e STREET ADDRESS Rollins Avenue (20852)119 14 FATHER'S NAME MIDDLE Mendelson Sarah ADDRESS 17 INFORMANT 20853 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Ann Ruth Volin; 14008 Bauer Drive; Rockville, Md 138-09-5015D 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: dans IMMEDIATE CAUSE Kulmonary Empolus Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Seaul 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER PM 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 22a. | certify that (1) this hospital) attended the deceased from sow the deserted alive on above, (1) (we) (did) did not view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED. ATTENDING MEDICAL PHYSICIAN TO DIRECTOR PHYSICIAN 231 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 8/7/85 Burial King David Mem. Garden Falls Church: Fairfax: Va 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	thot th	d by the leose re	or other
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DIVI	DING	se os th	morke
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Minimulation of the haspital or attending physician.	TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and campletely fixed in the 11 formed in criai. Then please should be detached for use as the busind-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the principle of the plant of Mental Mygene prior to buriol, cremation, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event, the medical examiner
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HTGIENE **CERTIFICATE OF DEATH**

REG. N	10.			*
DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR

	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HEG CICATE OF DEATH	REG. NO.	. 3 9
	1 DECEASED NAME FIRST	MIDDLE E .	Sch	MITT	Pug. 27	1985 26 HOUR A
	3 SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
2	female	white	Sep	t 8, 1890	94 _{YRS.}	
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Treland	United States	MARRIE	D NEVER MARRIED DIVORCED	MONTEON ER	
1	BETHES DA	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SUBURBAN	ADDRESS)	PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOMEMAKET	126 KIND OF BUSINESS OR INDUSTRY own home
5	Maryland 13b COU	profiler institution give residence before INTY INTY ISC CITY OR TOW Bethesda		134 INSIDE CITY LIMITS?	8315 North Brook	Lane/ 20814
1	Bernard	McKiernan		IS MOTHER'S MAIDEN NAM	ME	Clarke
	160 WAS DECEASED EVER IN U.S. AF	IVE WAR OR DATEST		17 INFORMANT	ADDRESS	
7	no	089 24 5	014	Walter F. Sci	hmitt-son- see #1	
	Canditions, if any, which gave rise to immediate cause (a, stating the junderlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF	modany s nulembo Fibbilla	Tion Tion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	Second 19a DATE OF OPERATION 8-22-85 21a, accident was underlying	216. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION	failure.	200 AUTOPSY? 206. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{D} \)
	OR CONTRIBUTING CAUSE OF DE	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE I		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	22a.1 certify that (1) (this hosp	In with bady offer death.	m	DEGREE ATTENDING PHYSICIAN 22e ADDRESS		that (I) (we) last on ond from the causes stated 22c. DATE SIGNED 8-27-85- 2-08/4 8 BETHE COA
	230 BURIAL, CREMATION, REMOVAL Burial/transit	Aug 30,1985 Ca	lvary	Cemetery OR CREMATORY Cemetery		nsouco., New York
	24 FUNERAL DIRECTOR ROBERT NAME P.A. B	A. Pumphrey fun Bethesda, Marylan		Homes, 250. DAT	6 2 8 1985	vidoon-Randelle

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DE

MONTGOMERY

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	CE	RTIFI	CATE	OF	DEATH		

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
TYPE OR PRINT)	FIRST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUI	2
ERIC	LANCE	SCOTT	AUGUST	21 1985	11:1	1
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	4 HR
MALE	CAUCASIAN	AUGUST 21 1985	YRS	MONTHS DATS	HOURS 8	2
TO BIRTHPLACE (STATE OR FOI	REIGN 76 CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH		

MARYLAND UNITED STATES DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BETHESDA NAVAL HOSPITAL

12g USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE

13e STREET ADDRESS / ZIP CODE

OUARTERS 2207D

126 KIND OF BUSINESS OR INDUSTRY

34

USUAL RESIDENCE (IF NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 136 CITY OR TOWN VIRGINIA HRINCE WILLIAM OUANTICO 4 FATHER'S NAME FIRST MIDDLE LAST CLARENCE

EDWARD

15 MOTHER'S MAIDEN NAME

MIDDLE FIRST VANESSA ELAINE

CLENDANIEL

60 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES GIVE WAR OR DATEST (YES NO OR UNKNOWN) NO

166 SOCIAL SECURITY NO N/A

SCOTT

ADDROUARTERS 2207D 17 INFORMANT VANESSA ELAINE SCOTT QUANTICO, VA

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY PREMATURITY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20e AUT	OPSY?		S, WERE FINDINGS USED FYING CAUSES OF DEATH?	
			YES X	NO	YES X	NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	IRRED (ENTER N	ATURE OF INJU-	RY IN ITEM 18 PART I OR PART	2)	
216 INJURY OCCURRED	218 PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	OWN COUNTY	STATE	

21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE

AUGUS' 220.1 certify that (1) (this hospital) attended the deceased from 21 sow the deceased alive an. and that in (my) (aur) apinion death occurred an the date and hour and Iram the causes stated obove, (1) (we) (did (did not) view the body after death

22e ADDRESS

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22¢ DATE SIGNED 26 Ava, 85

226. PHYSICIAN'S NAME (TYPE OR PRINT)

JULIAN F.KEITH, III, LCDR, NAVAL HOSPITAL, BETHESDA, MARYLAND 20814-5011 23b. DATE

1	230	BURIAL, CREMATION, REMOVA
ı		(SPECUEX)
ı		ISPECTO PEMALES
Į		CICCITIFICATES U

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN COUNTY

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

ond Mentol Hygi

24 FUNERAL DIRECTOR nital Brethesda 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ly filled in by the funeral director, page 3 should be filed within 72 hours after death

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eithin 24 hours ofter death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 requires that the death certificate O HOSPITAL OR ATTENDING PHYSICIAN The low

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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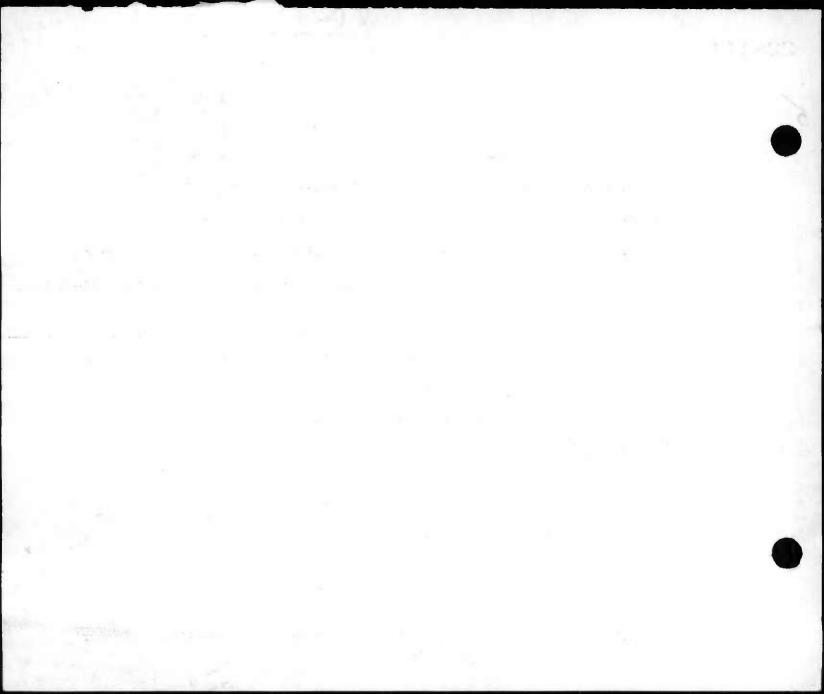
	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG	. NO.		
		CEASED NAME OR PRINT)	FIRST ESSI	e	AIDDLE		OCOTT	2a DATE OF DEATH	8/	4 / 85	26. HOUR 8
	3. SE>	Female	4	RACE	ite	5 DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
K	(RTHPLACE (STATEOR COUNTRY) Tenn.	FOREIGN 71	CITIZEN OF V	WHAT COUNTR	Y? 8 MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CIT		TY OF DEATH	MD
17	10. CI	akoma Parl		1. NAME OF H	HOSPITAL, NUR	SING HOME C	PROTHER INSTITUTION Hospital	Montgo	ATION STOF WORKING	LIFE) INDUSTRY	F BUSINESS OR
21	JSU A 13a. S	AL RESIDENCE (IF NUR	13b COUNT	THER INSTITUTION	13c. CITY OR TO	ORE ADMISSION)	13d INSIDE CITY LIMITS?	Housewi	SS / ZIP CO		102
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edicolex		William VAS DECEASED EVER (ES. NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	McDona	CURITY NO.	Maizie 17 INFORMANT		DRESS	Harwoo	land
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or other troumof		Conditions, if ony gave rise to im cause (a), stati underlying couse	mediate ng the last.	(b)	R AS A CONSEC	OUENCE-OF	an hal	Enfor	- lu	n 71/2	to
nows any injury,	CERTIFICATION	PART 2 OTHER SIG	-	In-			NOT RELATED THE TERM	707 AUTOPSY?	20b. IF Y	ES, WERE FINDIN TIFYING CAUSES YES []	NGS USED
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em 21 is r		saw the decease obove, (I) (we)	State-off	8/2	10	\$5 / .01	nd that in my (a)r) apinion	death occurred anyth	e do e and h		couses stated
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IMPORTANT	22 0	HL.N	ART	EL		L NIAME OF C	0/10 Cm	Tal Carlon	ne °	Taken	- Person
_	(Burial Burial		Aug. 8	, 1985	Miria	m Cemetery	23d. LOCATION CITY OR TOWN Maryv	ille,	Missour	
/83	74 FL	INERAL DIRECTOR T	res-Pea	arson F Arling	uneral i	22201		OR TUHE.		STRAR'S SIGNAT	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

etained by the hospital or attending physician.



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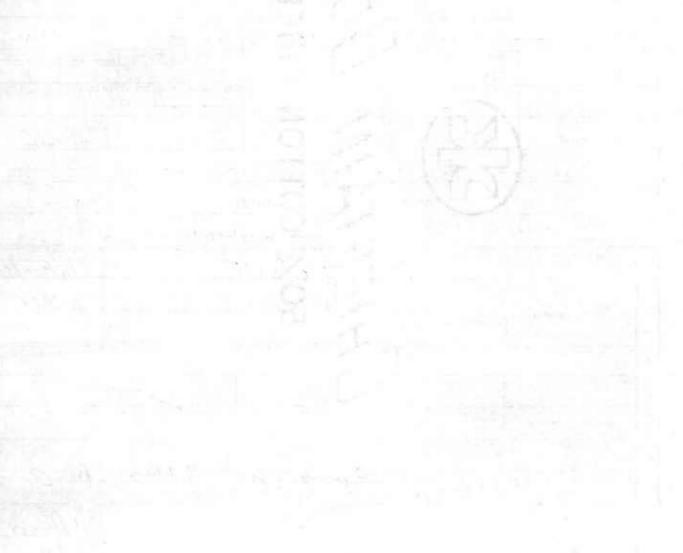
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		7
	CEASED NAME E OR PRINT)	JULIA		MIDDLE	3	cott		YEAR	26 HOUR 4:45p
3 SE	Х		RACE		5. DATE C			IF UNDER I YEAR	IF UNDER 24 HRS
M	Male		Black		5 MONTH	29 08 YEAR	77 YRS	ONIHS DATS	HOURS MIN
7a. BI	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
	Virginia		USA	A	WIDOWE	_	Montgomery		M
10 C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION		BUSINESSO
7	Takoma Park	3		ngton Ad		st	Minister		gion
	AL RESIDENCE (IF NURS STATE MD	13b COUNTY	Y	GIVE RESIDENCE BEFOR 131. CITY OR TOW Takoma P	/N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 7620 Maple Ave.		20912
14 FA	John	MI	DDLE	Scott		15 MOTHER'S MAIDEN NA Christ		Unkno	own
	WAS DECEASED EVER			166 SOCIAL SECU	JRITY NO	17. INFORMANT	ADDRESS		
(ves, no or unknown) unknown	(IF YES, GIVE V	VAR OR DATES)	579 01	1360	Nannett Scott	t/wife/same as 13	e	
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which CAUSE OF DEATH lenter only one couse per line for 101, (b) and 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) CATT (April 2)								MINUTE 24
CERTIFICATION				IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TELE			The AUTOPSY 206 IF YES, IN CERTIFY	WERE FINDIN	GS USED
-	218. ACCIDENT WAS UND CIR CONTRIBUTING CO. CO. LIFETHER NOTIFY WIDE	CAUSE OF DEATH	HOUR A	TIME OF INJURY OUR AM, MONTH DAY YEAR P.M. 19			RED (extensioned of major to deal or to		
MEDICAL	714: INJURY OCCURS		THE PLACE	777		TH LOCATION			
\$	WHILE TO HOT WE AT HOS		1 AT HOME STE	RET. FACTORY, OFFICE	ARM, ETC.).	A .	City CRETOWN	COUNTY	.51)(1)
W	17a.1 certify that Its saw the declare above / It (ye) to	this haspital	attended th	e deceased from_	9	Aug 19 5	cits DETOWNS to 2 This great to great the date and hour	o_6_,	baGP(we) to
W	22h I certify that Iti saw the decidate above (Itiple) to 77h SIGNATURE	(this hespitol ed align on) field (first post)	offended to	e deceased from_	9	nd that in (xy) (out opinion DEGREE ATTENDING PHYSICIAN [- 10 2 rfuz	. 6	baGP(we) to
	170.1 certify that III Liew the decirate above (II live I to 17th SIGN TURE 177d. PHYSICIAN'S NA 187	AME LYPE OR P	offended to	e deceased from_	9	ad that in (vy) (aut) opinion DEGREE ATTENDING	death occurred on the date and how	o_6_,	baGP(we) to
	22h I certify that Iti saw the decidate above (Itiple) to 77h SIGNATURE	AME LYPE OR P	offended to	deceased from after death 19_	9 NAME OF C	ATTENDING PHYSICIAN [27c ADDRESS /// W Memorial	death occurred on the date and how	22/	LIGHED LIGHT STATE

DHMH - 16 60M 7/84 (VRA 15, 4)



executed within 24 hours often

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 1		REAL RACE STATE OF DRITH STATE OF RITH STATE OF RITH								
7	ATURE OF SELECT					-//	NONTH O	AY YEAR		
1	3. SEX	4. RACE	5			6 AGE (IN YEARS LAST BIRT	HOAY)		# UNDER	
1	Female.	Whi	±0	08° 08° AY	1888	97		ONTHS DAYS	HOURS	MIN.
7	70. BIRTHPLACE STATE OR FOREIGN		WHAT COUNTRY?			9 BALTIMORE CITY O		OF DEATH		
1	New York	U.S.	Λ							MD.
- 10	Silver Spring				NOITUTIT	LTYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY _		SSOR
71	USUAL RESIDENCE (IF NURSING HO 130. STATE Maryland	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE ADD 136 CITY OR TOWN Hyattsvill	13d. INSIDE	CITY LIMITS?	13. STREET ADDRESS 4410 Ogelt	horpe	Street	207	781
	Andrew	MIDDLE						Kies	5	
7			166 SOCIAL SECURIT	YNO. 17 INFORM	ANT	ADDRE	SS			
4	No	s, Give war Or Dales)	577-34-813	30A Henry	Miller	(Nephew)	Same a	s 13e		
	PART 2 OTHER SIGNIFICA	DUE TO, O	ontributing to dea	<u>ITH</u> BUT NOT RELATE			20b. IF YES,	WERE FINDIN	IGS USE	
	H L					YES NO				
	OR CONTRIBUTING _ CAUSE C IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE _ NOT WHILE _ AT WORK _ AT WORK	P PLACE INT HOUR A	M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FARM	YEAR 19 211 LOCAT	ŌN			county		
	sow the deceosed olivebove, (I) (we) (did) (d	e of view the body	19 8	DEGREE 22e ADDRE	ATTENDING PHYSICIAN E		F IAN 🗆	22c, DATE	SIGNED	ated
1	230. BURIAL, CREMATION, REMC			ME OF CEMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN	,	COUNTY	51/	ATE
1	Cremation		LACE.			ry Alexandr			rgin	ia
	Francis Gasch's	Sons Fun	eral AD Home.	P.A.		REC'D. BY REGISTRAR				id
	4730 Paltimore				AU	6 1 6 1985	المالة مريد مد الم	indon-1		100

20781

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

4739 Baltimore Avenue Hyattsville, Md.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pagge with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

ATTENDING PHYSICIAN The low requires that the death certificate be

retained by the hospital or attending physician.

TO HOSPITAL

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MND 21201

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARI

forified of

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.
	I. DECEASED NAME FIRST MITTER THAT I ASSADOL - I	HOSSEINI- SHAHIDI H. SHAKII	1	aka	AUGUST 8,1985 P.10 AM
	3. SEX MALE	RANIAN	5. DATE C	T. 25,1925	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR WOULDER 24 HRS MONTHS DAYS HOURS AIN YRS. 0 \$ 9 / 64
7	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MASHAD IRAN	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	Montgomery County MD.
5	SILVER SPRING.MI	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 20 NEW H	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION 1726 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GOVERNMENT
0	USUAL RESIDENCE (IF NURSING HOME O 130 STATE MD 13b, COU MON			H3d. INSIDE CITY LIMITS?	130. STREET ADDRESS 12101 NEW HAMPSHIRE AVE
7	14. FATHER'S NAME FIRST ALT	MIDDLE NOHMMAN LAST		MOHTARAM	MIDDLE SHAHIDI LAST
	160. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIN	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 578 OL O		VAJIHEHEH GH	ADDRESS 12101 NEW HAMPSHIRE ARAHGHOZLOO ZANJANI WIFE
		inly one cause per line for (a), (b), on		1 05 1	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	y one cause per line for (a), (b), and (c).) BY: E CAUSE (a) HEPATOMA OF LIVER	APPROXIMATE INTERVAL BET WEEN ONSET AND DEAT
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	
	(c)ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)

19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED TIME 000 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES |

P.M

11. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN COUNTY

220.1 certify that (1) this hospital) attended the deceased from sow the deceased alive an abave (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE

DEGREE ATTENDING

MEDICAL STAFF DIRECTOR | PHYSICIAN

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

AT WORK

21d. INJURY OCCURRED

22e ADDRESS

CERTIFICATION

MEDICAL

Hick

23d LOCATION

STATE

DHMH-16 60M 1/73

TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiers

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morked or Hem

IMPORTANT: If them 21 is

PHYSICIAN: The

ATTENDING

O HOSPITAL

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the hospital

etoined by

physicia

FallsChurch. Fairfax BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(VR A 15 (4))

Y, PLEASE IRECTOR. UR FILES. '2 HOURS N STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	- 4	6.	(3)
6.40	0	9	0
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	REGISTRAR		MEI	DICAL EXAMIN	ER'S CERTIF	CATE OF D	EATH REG.	NO.		
I	(TYPE OR PRINT)	ME FIRST		WIDDLE	LAST		20. DATE KNOWN	HINOM	DAY YEAR	26 HOUR
1	(TITE ON THINT)	Suzanne	3 1	Eaton	Sheldon		OF ESTI- DEATH MATED	□ 08	/06, 85	_ M
	SEX		5 DATE OF BIRTH	YEAR LAST BIRTHDA		IF UNDER 24 H	and the same of th		DAY YEAR	10,00
	emale o. BIRTHPLACE		Jan. 9,	1928 57 _{YF}	RS.		9 BALTIMORE CITY	08/0	- 11	AM
Æ	FOREIGN COUNTRY		78. CITIZEN OF WA	IAI COUNTRY?	MARRIED X	EVER MARRIED [_		
		nois _	United	States	WIDOWED -	DIVORCED	☐ Montgom	ery Cou	nty	MD
-)1	CITY OR TOWN	N OF DEATH		PITAL, NURSING HOME	, OR OTHER INSTIT		USUAL OCCUPATION (*	TYPE OF WORK 12	D. KIND OF BUS OR INDUSTR	SINESS
1	Bethes	da	Subur	rban Hospit	al		Homemaker		Own Ho	
	SUAL RESIDENC			E RESIDENCE BEFORE ADMISSIO						
	arylan	d Mont	gomery	Bethesda		NO 12 67	STREET ADDRESS		20816	
_	1 FATHER'S NAM		aomera	I be the suc		IER'S MAIDEN NA		nuseti	_s_ave	
	FIRST		MIDDLE	LAST	13. MO11	FIRST	WIDDLE		LAST	
4	Rufu			Runzheime		lvira		Th	nomas	
10	(YES, NO, OR UNK	SED EVER IN U.S. ARM		16b. SOCIAL SECURITY		THAM	ADDRE	55		
	No			391-22-70	37 Mr.	Roger A	. Sheldon	. Same	as #	13
F	18 CAUSE	OF DEATH (Enter anly	ane cause per line	far (a), (b), and (c),)					APPROXIMATE	INTERVAL
1	PARTIC	DEATH WAS CAUSED	BY:		RESRIE	-atory	arre	57	BETWEEN ONSET	AND DEATH
	1 1	IMMEDIATE	CAUSE (d)	AS A CONSEQUENCE O	-					
	Canditi	ians, if any, which		4						
1		rise to immediate	(b) H	1260 tou	12100					
		a) stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE C	OF .					
	lying co	ause last.	6000	ute Ga	turortz.	onitza	1 Bleed1	NO.		
	PART 2 D THER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO OFATH R	RUT NOT RELATED TO THE TERM	INAL DISEASE OF CONDITI	DN CIVIN IN DARL 1 /o				
1				TO THE TERM	INAL DISCASE OR COMPILI	DI GITEN IN PART I IS				
4	190 DATE C	OF OPERATION	TIPE CONDIT	ION FOR WHICH OPER	ATION WAS PERFO	PMED?			20 AUTOPSY?	
4	5		THE CONDI	ION TON WINCO OF EN	ANON WASTERNO	WILD.		100	-	
4	E OL EVIERA	TAL CALIFORNIA	A44 7445 55						YES 📙	NOX
	5 ZIG EXTERS	NAL CAUSE WAS	216 TIME OF HOUR A.M.	MONTH DAY YEAR	21c. HOW INJUR	Y OCCURRED IEN	ITER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
	CONTRIBUT	TING CAUSE OF D	EATH P.M.	. 19						
	21d. INJURY	OCCURRED		F INJURY (AT HOME,	21f. LOCATION					
	WHILE AT WORK	NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNT	Υ	STATE
	AT WORK	AT WORK								
	220 1 cer	rtify that I taak charge	of the remains desc	ribed abave, held an	Autapsy .	Inspection	, Inquiry ,	and in my apini	an	
Т	death resu	Ited fram: Nature	al causes .	Accident, Sui	cide . Ham	icide . Ur	determined manner],		
1		,	0	0	IITLE	SPECIFY)				
	ACTUAL	· No-	In Oa	uber	MD D	sout,	MEDICAL EXAMINER	DATE SIGNED	3-6	-83
1						0	13 extros	ga- W	161	
	EXAMINER'		has T	radus	ABBBERR	3218	WISCONS	in	Ave.	
-		ATION, REMOVAL 23	L DAYE	100 110 15 05 05	ADDRESS.		LOCATION	. 0		
1	(SPECIFY)	A HON, KEMUVAL 23	Augus	3 T 23c NAME OF CEA	METERT OR CREMA	ORT 230	CITY OR TOWN	COUNTY	STA	ATE

EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING" IN PENCIL IN ITEM 18. GHE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR THE ALD INFECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 14 AFTER DEATH, WITH THE STAFTE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALTWOORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION, OR REMOVAL. 07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS ATTREMENT

(VR AT5 ME (5))

DHMH - 17

Robert A. Bumphrey Funeral Crematory Alexandria Virginia Cremation
24 FUNERAL DIRECTOR DO Homes, P.A., Bethesda, Maryland

war and for forder

AUG 9

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

85-23466

_							KEO. 140.			
	CEASED NAME	FIRST		MIDDLE	11	AST	20. DATE OF DEATH M	ONTH DA	Y YEAR	26 Hum
	MA	NCY	16	. 3	HE	RMAIN	Aug. 12. 198	4124	2-6-	-
3. SE	X	(1. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	- Denne	URDERIVEAR	IF UNDER 24 HRS
F	emale 7=		Caucasi	lan	No	DAY YEAR	73	VPS MO	PATHS CAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOR	REIGN 7		WHAT COUNTRY?	8.		9 BALTIMORE CITY OR		F DEATH	
	Virginia		U.S.A		WIDOWE	DINEVER MARRIED 3	36			4.4
) (ITY OR TOWN OF DEATH	н				OR OTHER INSTITUTION	Montgomery 12a USUAL OCCUPATIO	N	12b KIND OF	BUSINESS OF
.1	Rothanda			CH FACILITY, GIVE STREET A			(TYPE OF WORK FOR MOST OF Y			mh d m a
-	Bethesda	G HOME OR (OTHER INSTITUTION	Cast West	H1gh	vat	Supply Cler	k	PIU	mbing
Ba.	STATE	3b. COUN		13c. CITY OR TOWN			13e STREET ADDRESS / 1			
1	Maryland	Mont	gomery	Bethesda		YES X NO	14400 East W	est Hy	vy.2081	7
	ATHER'S NAME	N	MODLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		LAST	
_			Shermar			Maude Sant				
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRES	S		
	No		2007	101-07-86	668	Mary Sue Mea	ads-10201 Ga	insbor	cough R	d, Pot
-	18 CAUSE OF DEATH	Enter onl	y one cause per	line for (a), (b), and	l (cs.)		. 1		BETWEEN OF	NATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS	S CAUSED	BY.	man		der O To	march	-		
	1/	MMEDIAII	E CAUSE (a)	1.1010	, Coo.		1		1	
	DOMESTIC OF SER		DUE TO, O	R AS A CONSEQUE	NCE OF	T . 11				
	Conditions, if any, v	which	(b)_	HORT	70	In suffice	1-ene			
	gove rise to imme		}			00 .				
	underlying couse	last	1	RAS A CONSEQUE	NCE OF	a tracker SUL	baortie Ne	× 1-20_		
	PART 2 OTHER SIGNII	EIC ANIT C	- 10		EATO DUT	NOT BELATED TO THE TERM	LINAL DISEASE OR CONDI	TIONLONE	I IN I DADT 1	
z	A D		/	P = 2 +	× Non	NOT RELATED TO THE TERM	THE OR COING	TION GIVE	A HA FART HO	
CERTIFICATION	190 DATE OF OPERALIC	700		DE COR WHICH	OPERATIO	N WAS PERFORMED	70a AUTOPSY?	TO IE VES I	WERE FINDING	CCUCED
į	198 DATE OF OPERAGIN	214	Die Colde	IIION FOR WHICH C	OFERATIO	IN WAS PERFORMED			ING CAUSES C	
							YES NOTE	YES		NO 🗌
	OR CONTRIBUTING CAL		HOUR A.	.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM IS PAR	T T OR PART 2)	
The state of the s	(IF EITHER NOTIFY MEDICA			.м.	19					
	21d. INJURY OCCURRE	D	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	Day STC I	21f LOCATION STREET	CITY OR TOW	4	COUNTY	STATE
	AT WORK AT WORK		(AT NOME, STA	TEET, FACTORY, OFFICE, FA	ARM, ETC [
	22a.1 certify that (I) (t		al) attended th	ie deceased from	1	0-16 19 5	1, 10 6 7.	, 19	d 5. 11	nat (I) (we) la
	saw the deceased	alive an_	8.7	· 5 1 19		nd that in (my) (our) opinion	death accurred on the date			
	above, (1) (we) (did	d) (did not	view the body	after death.		DEGREE			22c DATES	
	28. SIGNATURE	1.1	18	Kanl	2 /	ATTENDING ,	MEDICAL STAFF		THE DATES	- C- 1
	224 BUYER LANGE	15		rell	- /	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIA	M 🗌	10.10	2 83
	224 PHYSICIAN'S NAM	AE (TYPE OR	PRINT)	10		27e ADDRESS		1	-	ROCK
	VO12	6	15	e//4		19715 11	EDICAL	th	1En!	n. 20
o.	BURIAL, CREMATION, RE	EMOVAL	236 DATE	Dr. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(SPECIFY) Burdal			1 1		1 Cemeterv	Alexandr		COUNTY	STATE
- 3	Dilrial 0		1 *** 1	T COUL et	Je LIIE.	L Cemeterv	Alexandi	Id. Vo	CL o	

DHMH - 16 50M 4/83

(VRA 15, 4)

²⁴ FUNERAL DIRECTOR Everly-Wheatley Fuenral Home
NAME
1500 W. Braddock Rd. Alexandria, Va.

25a. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campler should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, Land I with the State Dept. at Health and Mental Hygiene priar to burial, cremation, ar remaval.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HASIENES

23 4

	REGISTRAR			DEPARTA		EALTH AND MENTAL HAS	REG. 1	NO.		
	CEASED NAME	FIRST	,	MIDDLE	į	A51	2a. DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE	OR PRINT)	ELEN		RUTH WAL	RD SI	HIPE	AUGUST 23	, 1985	5	10:30
3. SE			RACE		5 DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HI
	FEMALE		WHIT	re .	NOV	7 1 902	82	YRS.	MONTHS DATS	HOURS MI
	MARYLAND	R FOREIGN 76	USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY MON			
	ITY OR TOWN OF DE AITHERSBUR		(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET AST DIAMO	ADDRESS)	DR OTHER INSTITUTION E.	12a USUAL OCCUPA {TYPE OF WORK FOR MOST CLERK	TION OF WORKING HE	126 KIND C	L SALE
M M	AL RESIDENCE (IF NUI STATE D.	13MONT		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	221 E. De	er Par	k Dr.	20877
4 FA	THOMAS	G.	EORGE	WARD		15. MOTHER'S MAIDEN NAME THA	ME	W	HALEN LAS	51
	VAS DECEASED EVE YES NO OR UNKNOWN) NO	R IN U.S. ARME		212-24-4		17 INFORMANT EVELYN S. Mo			Diamond	
18 CAUSE OF DEATH LETTER only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Colora (colora colora)								BLITEMPOX	MATE INTERVAL	
	onderlying cous	ing the 'se last.	1000 10,01	r as a conseque	NCE OF					
FICATION		SNIFICANT COL	NDITIONS CO	el failu	DEATH BUT	NOT RELATED TO THE JERM LOVE METS	200 AUTOPSY?	20b. IF YES		NGS USED
CERTIFI	PART 2 OTHER SIG	SOUR ICANT COL	NDITIONS CO Ren 196 CONDI 216 TIME O HOUR A.	ONTRIBUTING TO E of fully TION FOR WHICH FINJURY M. MONTH DA	OPERATIO	Lives metzs	200 AUTOPSY? YES NOW	20b. IF YES IN CERTIFY	NERE FINDING CAUSES	NGS USED
MEDICAL CERTIFICATION	PART ? OTHER SIC	E TOST. SNIFICANT COL ATION NDERLYING CAUSE OF DEATH DICAL EXAMINER) WHILE WHILE	IS CONDI	ONTRIBUTING TO E ed fail un TION FOR WHICH FINJURY M. MONTH DA M.	OPERATIO AY YEAR 19	Live mets, N WAS PERFORMED	200 AUTOPSY? YES NOW	20b. IF YES IN CERTIF' YES URY IN ITEM 18 PA	NERE FINDING CAUSES	NGS USED OF DEATH?
CERTIFI	PART 2 OTHER SIG	E TOST. GNIFICANT COLOR ATION NDERLYING CAUSE OF DEATH DICALEXAMINER) RRED VALUE CAUSE ORK 1) (this hospital	19b. CONDI 21b. TIME O HOUR A./ 21e PLACE ((AT HOME SIR)	DITRIBUTING TO E L FULL TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM ETC.)	N WAS PERFORMED 216 HOW INJURY OCCURE	200 AUTOPSY? YES NOW RED (ENTER NATURE OF IN)	20b. IF YES IN CERTIF' YES URY IN ITEM 18 PA	O, WERE FINDIN YING CAUSES S	NGS USED OF DEATH? NO STATE
CERTIFI	PART 2 OTHER SIC	E TOST. GNIFICANT COLOR ATION NDERLYING CAUSE OF DEATH DICALEXAMINER) RRED VALUE CAUSE ORK 1) (this hospital	19b. CONDI 21b. TIME O HOUR A./ 21e PLACE ((AT HOME SIR)	DITRIBUTING TO E FINJURY M. MONTH DA M. OF INJURY BET, FACTORY, OFFICE, F. gleceosed from 19 ofter both.	OPERATION AY YEAR 19 ARM ETC.)	N WAS PERFORMED 21c HOW INJURY OCCURE 21f LOCATION STREET	200 AUTOPSY? YES NOTE RED (ENTER NATURE OF IN) CITY OR 1.	20b. IF YES IN CERTIFY YES	O, WERE FINDIN YING CAUSES S	NGS USED OF DEATH? NO STATE that (I) Couses stated SIGNED
CERTIFI	PART ? OTHER SIC	INDERLYING CAUSE OF DEATH DICAL EXAMINER) ORK VALUE VALU	19b. CONDI 21b. TIME O HOUR A./ 21e PLACE ((AT HOME STR) attended the	DITRIBUTING TO E FINJURY M. MONTH DA M. OF INJURY BET, FACTORY, OFFICE, F. gleceosed from 19 ofter both.	OPERATIO AY YEAR 19 ARM ETC.)	N WAS PERFORMED 21c HOW INJURY OCCURF 21f LOCATION STREET 21f LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? YES NOW NOW CITY OR TO TO 23 MEDICAL STA	20b. IF YES IN CERTIFY YES	COUNTY 19 83 1 ond from the	NGS USED OF DEATH? NO STATE that (I) () couses stated SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

23468

74	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
1. 00	ECEASED NAME FIRST	- F	MIDDLE	l	AST		ONTH DAY YEAR	2h HOUR
(11)	Henry	F	1	Sicki	inger	8	3/20/85	4:48am
3. SE	X	4 RACE Whi	te	5. DATE C		6. AGE IN YEARS LAST BIRTHE	MONTHS DAY	
3 3	Male	@		7/2	23/10 YEAR	75	YRS.	
Zo. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE!	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
4	NY			WIDOWED DIVORCED D		Montgome		MD
1	Pothosda	11. NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SUBULDAN HOSPITAL IR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			OR OTHER INSTITUTION	OF BUSINESS OR Y S. Gov't.		
13a	STATE 13b COUI	VTY	13c. CITY OR TOWN Kensingt	4	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / 2 9601 Culve		1895
dit.E.	ATHER'S NAME FIRST Henry J	WIDDLE	LAST S icki		15 MOTHER'S MAIDEN NA FIRST Margaret	ME MIDDLE	Dom	^{AST}
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS	S	105-346
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT DELATED TO THE TEDA	AINAI NISEASE OR CONN	TVALCINEN IN CAPI	lio.
THICATION	190. DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY2	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES	DINGS USED
9 10	710. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	HOUR A.	DF INJURY .M. MONTH DA .M.	Y YEAR		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART 2	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE FA		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
1	270.1 certify that (1) (this hosp sow the deceased olive or above. (1) (we) (did) (did no 275/SIGNATURE				nd that in (my) (our) apinion DEGREE ATTENDING		122c DA	that (I) (we) last the couses stated TE SIGNED 9, 29, 1981
7	724 PHYSICIAN'S NAME (TYPE OF	ON SN	ow, ms,		PHYSICIAN [DIRECTOR PHYSICIA	W	
23a	BURIAL, CREMATION, REMOVAL	236. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4) Cremation 8/21/85 Cedar 14 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DC. 20016

Cedar Hill Crematory Sultana, Tib.

Cons, Inc. | 250 Date REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

233021 1 - FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

23469

	REGISTRAR			CERTIF	ICATE OF	DEATH	REG. N	0.			
	CEASED NAME	FIRST	MIDDLE		AST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
[TYP]	OR PRINT) MERI	WIN HANCOCK	SILVERT	HORN			ATIC	UST 14	1985	0740	A
3 SE		4 RACE	DILIVERI	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24	
	MALE	CAUCAS	IAN	SEP		1896	88	YRS	THS DATS	HOURS	MIN.
	IRTHPLACE (STATE ORFI	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	8	NIEVED	MARRIED -	9 BALTIMORE CITY	R COUNTY OF	DEATH		
	INNESOTA	USA		WIDOWE		NORCED	MONTGOMERY	Z			MD.
	ITY OR TOWN OF DEA	(IF NOT IN SU	HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF RETTRED OF		176. KIND C		
	ETHESDA AL RESIDENCE (IF NURSI	NAVAL	HOSPITAL	ADMISSION)			RETIRED OF	12.001	U.S.	MAKIN.	E CO
130.	STATE	136 COUNTY	13c. CITY OR TOW	'N	13d INSIDE		13e STREET ADDRESS			an. 0	0016
_	ARYLAND ATHER'S NAME	MONTGOMERY	BETHESDA		YES X	S MAIDEN NA	4711 DOVER	ROAD,	BETHE	SDA 20	0816
	ASHEL CHUR	CH SILVERT	HORN			FIRST	ROLINE WEL	K	LAS	T.	
		N U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM		ADDR	ESS 4711	Dove	r Road	d
	YES, NO OR UNKNOWN)	1917-1954	579-52-0	0289	MARIE	ALFIELI	SILVERTHO			MD 20	
	18 CAUSE OF DEATH	(Enter only one cause pe	er line far (a), (b), an	dic.						MATE INTERV	
	PART I. DEATH W.	AS CAUSED BY: IMMEDIATE CAUSE (a)	CARCINOM		S						
		IMMEDIATE CAUSE (U)_							11111		
		DUE TO, O	DR AS A CONSEQUE	ENCE OF							
	Conditions, if ony,										
	gove rise to imm		OR AS A CONSEQUE	NCE OF							
	underlying cause		J. (7.0 () () () ()								
	PART 2 OTHER SIGN	IIFICANT CONDITIONS O	ONTRIBUTING TO E	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	a	
Z											
CERTIFICATION	19a DATE OF OPERAT	ION 196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	20b IF YES, W			_
IFIC							YES T NOT	IN CERTIFYIN		OF DEATH	1?
ERT	21a ACCIDENT WAS UND	ERLYING T 216 TIME	OF INJURY		121¢ HOW II	NJURY OCCUR	RED (ENTER NATURE OF INJU			140	_
	OR CONTRIBUTING C	AUSE OF DEATH HOUR	A.M. MONTH DA								
MEDICAL	214 INJURY OCCURR		.M.	19	211 LOCAT	ION					
MEL	WHILE NOT WH	EAT HOME. S	OF INJURY TREET, FACTORY, OFFICE F	ARM, ETC)	STREE		CITY OR TO	NWN	COUNTY	STA	VIE .
	AT WORK	K L						****		200	
	22a I certify that (1)	(this hospital) ottended t	he deceosed from	07. A	UGUST	19.85	14 AUG			that (1) (we	
	saw the decease abaye, (1) (we) (d	d alive on 14 AUG	v after death.	3	nd that in (my) (aur) opinian	death accurred an the d	ate and hour or	nd fram the	couses state	ed
	226 SIGNATURE	0,	0 /	17.0	DEGREE				22c DATE	SIGNED	
	Thomas.	Kussell-	- 1/2 6h	1-1	M.D.	ATTENDING PHYSICIAN I	MEDICAL STA	FF	144	lue 8	-
	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)			22e ADDRE	SS	AL, NAVAL M		COMMA	ND.	_
	THOMAS RU	SSELL SCHNE	DER		NATIO	NAL CAP	ITAL REGION	, BETHE	SDA, M	D 208	14
	BURIAL, CREMATION, I			NAME OF C		CREMATORY	23d LOCATION		OUNTY	STA	TE.
	Burial	8/19/				tional	Cemetery	Arling	ton.		
4 F	UNERAL DIRECTOR	Joseph Gawl				250 DAT		256/REGISTRA	R'S SIGNAI	URE	
	5130° wisc.	Joseph Gawl Ave., N.W.	ash . D.	C.		AL	1 9 1985	1. www	4dson-	Fandell	2

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove corban papers. If with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

offending physician.

injury, or other traumatic

IMPORTANT. If Item 21 is marked or Item, 18 shaws any

69683 . The most election are on, 12 ic. w., w. Eding . . 256035

IS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE GIVE PAGE 1, 2, AND 3 TO THE FUNERAL DIRECTOR. ITH FORM PM. 3. RETAIN PAGE 5 FOR YOU'S FILES. PAGES 1 PMD 2 SHOULD BE FILED. THE NYZ HOURS DIVISION OF WHEN PAGES 1 PMD 2 SHOULD BE FILED.

TO MEDICAL EXAMINEE: THIS CERTIFICATE SHOULD BE EXECUTED WILHIN 724-0
EXECUTE THE CRETIFICATE, WRITING THE WORD: "FENDINGS" IN PENY, INJURY OF MACE & SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO TUNIERAL DIRECTOR: PAGE 8 SHOULD BE USED AS A BURIAL, TRANSIN REPAIRE DEATH AND MEDICAL TRANSIN REPAIR BOATH AND MEDICAL HAND MEDICAL HANDER MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

DHMH - 17 (VR A15 ME (5))

BALTIMORE, MD. 21201

DIVISION OF VITAL RECORDS, 201 W. PRES

07/84 25M

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23470

	1-	FOR STATE REGISTRAR		HEALTH AND MENTAL	EDEATH	3 4 7	0
	I DE	CEASED NAME FIRST BOY VC	MIDDLE MIDDLE DATE OF BIRTH 16 AGE (IN)	Simpso YEARS IF UNDER YR. IF UNDER	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY	YEAR THE HOLLING
2	// 70 BI	M B/E STATE OR	MONTH DAY TOOM HTO	DAY) MONTHS DAYS HOURS YRS.	MIN PRONOUNCED DEAD PRAITIMORE CIT	TY OPCOUNT OF D	EATH CATH
5		REIGN COUNTRY) Md.	U.SA.	WIDOWED NEVER MARRI	ED 1 M	onto	d'man/MD
9		Olney	(IF NOT IN SUCH FACILITY, GIVE STREET ADDITIONS	everst tos	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE)		ND OF BUSTNESS INDUSTRY
5	13a. S	And Ho	1/2	Pullo YES NO	130 STREET ADDRESS	ex Layto	OS WILL
0		FIRST EDWA	ED GREENE	15. MOTHER'S MAIDE	ORED 51	MPSON	AST
/		VAS DECEASED EVER IN U.S. ARMI ES, NO OF UNKNOWN) (IF YES, GIVE W.		1740 ASA Neu	nephaw) 188	14 E. 93	rd ST.
10 S C	z	PART I DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .		E OF	RI 10	Dis Det	proximate interval veen onset and de aim
0	CATIO	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPE	ERATION WAS PERFORMED?		20 A	UTOPSY?
2	AL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA ATH P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEA		ES NO NO
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
h		death resulted from: Natural	of the remains described above, held an causes Accident	Autopsy , Inspection Suicide , Homicide , TITLE (SPECIFY)	Inquiry	DATE SKENED	201985
2		EXAMINETS NAME		ADDRESS			
	4.5	BUR A SUPERAL DIRECTOR O	3-31-85 PARKA	EMETERY OR CREMATORY W. Mem. PK.	FOCK VILLE	Monta	md,
		eorge R. Sni	owden Rockville	Md. SED	O 300E	REGISTRAR'S SIGNATU	dell

SELTO 25603.5 110121119

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALBY GENE 2347

,	LALL		REGISTRAR		ME	DICAL EX	AMINER'S	CERTIF	ICATE C	OF DEA	TH RE	G. NO.	17.75		
			CEASED NAME	FIRST	(1.000)	MIDDLE		LAST			20 DATE KNOV	VN N	MONTH DAY	-5-4	76 HOUR
	DR. DR. ES. ES. ET,	1	2	RIN	47	SN	210	NWK	er		DEATH MATE	D []	8 10	1983	100
	NECESSARY, PIEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 7 HOURS W PRESTON STREET,	3 SEX	emale	white	5. DATE OF BIRTH			NTHS DAYS	HOURS		PRONOUNCED DEAD	M	3 16	75	A HOU
	RAL KAL		RTHPLACE (ST	ATE OR	76. CITIZEN OF W	HAT COUNTRY	Y? 8 MA	RRIED N	IEVER MARR	RIED X	9 BALTIMORE	ITY OR C	COUNTY OF	DEATH	
	DAN STAND	T	exas		U.S.A			WED	DIVOR	CED 🗆	mon	rto	Doma	in) MC
	ELAY IS NE TO THE FUR V PAGE 5 P BE FILED, W 25, 201 W	Ro	ckvill	e	Shady G	Shady Grove Adventist Hospital for Most of Working Life)						WORK 12b K	126 KIND OF BUSINESS OR INDUSTRY		
. 21201	RETAIN BY DE SHOULD SHO	Mai	ryland	13b COUNT	r other institution, of ty Jome ry	113c CITY OF		YES 🔀		150	eet address 00 Dufie	f Dr	ive (2	20878)	
8	5		THER'S NAME JOHN		MIDDLE	SLON	VED		HER'S MAID	EN NAME	MIDDLE		77.00	LAST	
90	888			EVER IN U.S. ARA	MED FORCES?		L SECURITY NO.	17. INFOR	CKI		ADI	3055 S-+ >	land 2	FLER	
1	E STEP		NO, or unknow	WN) (IF YES, GIVE	WAR OR DATES)			John	Slona	aker:	15000 Du	fief	Dr.:	Gaithe	ershu
- 3	0 0 × 10	5	18 CAUSE OF	F DEATH (Enter onl	ly one couse per lin	e for (a), (b), ar	nd (c).)					2202		APPROXIMATE TWEEN ONSET	INTERVAL
N SI	BESEN!	V	PART I DE	ATH WAS CAUSED	BY: TE CAUSE (o)		-OWN	Na					DE	MEEN ONZE	AND DEATH
ots	ZEOKES SEOKES		110	/		R AS A CONSE	OUENCE OF								
2	SA ASS			s, if any, which	(b)										
3	AN FINE			stoting the under-	DUE TO, OI	R AS A CONSE	OUENCE OF							1 = 1	V (18)
30	DAN BEN W		lying coo:	se iasi.	(c)										
SOM	NAT BEAT	-	PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO OFATI	BUT NOT BELATED	TO THE TERMINAL OIS	ASE OR CONDITI	ION GIVEN IN PA	ART 1 o					
SECO	MEDIC AS A CRE	CERTIFICATION	19e, DATE OF	OPERATION	Tal Conto	ITION! FOR WELL	ICH OPERATION	WAS BEREO	DIAFES 2				Too		
IALI	RIAL HER	N S	176. DATE OF	OFERATION	IVO. COND	ITION FOR WH	IICH OPERATION	WASPERFO	RMED!				20	AUTOPSY?	
F	S S S S S S S S S S S S S S S S S S S	1 =	21e EXTERNA	L CAUSE WAS	21b. TIME C	FINJURY	216	HOW INJUR	RY OCCURRE	FD (ENTER N	NATURE OF INJURY IN I	TEM DE PART	I OP PART 2)	YES 🗌	NO 🗌
ONO	ERTIFICATE ING THE V ED TO THE SSHOULD SPARTMEI PRICK TO	MEDICAL C	UNDERLYING CONTRIBUTIN	G CAUSE OF E	HOUR A./	M. MONTH DA	1985	341	1 m	to	Swin	1 114 1	~5	Poo	1
N S	CERTIFIC TING TH DED TO TO SHOU DEPART	AEDI	21d INJURY O	CCURRED NOT WHILE		OF INJURY (/	AT HOME, 21f	OCATION STREET	G	27	CITY OR TOWN	100	COUNTY	4120	STATE
۵	WRI WRI		AT WORK	AT WORK	H	ome		150	00 7	ort!	ef I	שוחל	a · ·		nd
	ATE. PORV.	-	22e I certif	y that I took charg	e af the remains de	escribed above,	held an Aut	apsy .	Inspectio	on .	Inquiry ,	and in	my opinion		
	MA HE RESIDENCE		death resulte	d from: Notur	ol causes ,	Accident	, Suicide], Hom	nicide .	Undete	ermined manner				
	SEXA CER WAR		ACTUAL		10 6	70		TITLE ((SPECIFY)	2			DATE	15	45
	A STATE OF THE STA	1	SIGNATURE_	O4	she U	are		M.D.	pul	MEDI	ICAL EXAMINER	44	SIGNED_	-10	700
	O MEDIO XECUTE AGE 4 S O FUNE		EXAMINER'S I	(T)	ha	laut	٦٩٢	_ADDRESS.	821		N1500	USI	N A	ve	
	FORFES	23a Bl	JRIAL, CREMAT	ION, REMOVAL 2	. / /-		AE OF CEMETERY		TORY	CITY	OCATION OR TOWN		COUNTY	ST	ATE
07/84 25M	BP	24 FI	Crematic	On {	3 /12/85	Lee	Cremato	ry	ISS DATE		shingtor REGISTRAR 256		C.	TITLE	
	DHMH - 17 (VR A15 ME (5))		1170 F	Rockville	KY-GOLDBI Pike; R	ockv-11	e, Md. 2	0852	AUG	1 4	1985 the	lia Da		Pandall	

d be filed within 72 haurs ofter

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

23472

178

DECEASED NAME IYPE OR PRINT) SEX	FIRST	MIDDLE	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR					
SEX	1	4. Sn	nith	Aug. 23	3, 19	185	1:/	50
	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA		UNDER I YEAR	IF UNDER	2 HR
Female.	Caucasi	an June	05 1000	87	YRS	VINS DATS	HOGKS	Will
BIRTHPLACE (STATE OR FOR		WHAT COUNTRY? 18.	9 BALTIMORE CITY OR C	FDEATH				
COUNTRY)		MARRIE					^	
New York	1 11 NAME OF	HOSPITAL NURSING HOME	1,00	Montgomer	y	12b KIND OF BUSINESS O		
	(IF NOT IN SUC	CH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
Censington	Kensing	ton Gardens N	ursing Home	Housewife				. 7
	b COUNTY	13t CITY OR TOWN	13e STREET ADDRESS / ZIP CODE					
	ontgomery	Bethesda	5322 Glenwood Road					
FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	WE		LAS	ī	
Richard		Hovell	Katherine			Joe	iger	
WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT Son	ADDRESS	10720	Fores	t Au	0.
No.	IF TES GIVE WAR OR DATES	099-03-3397				Wash		
	Enter only one couse per		THE PERSON IN TH	a a	,		MATE INTER	
PART I. DEATH WAS	CAUSED BY:	52 VAZ 00 - 1/6	rotee cord	a revovido		20	1.1	1
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
190 DATE OF OPERATIO	IN IN COND	ITION FOR WHICH OPERATION		WERE FINDINGS USED NG CAUSES OF DEATH?				
00.000.000.000.00	SE OF DEATH HOUR A	DF INJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	OR PART 2)	IR PART 2)		
(IF EITHER NOTIFY MEDICAL	21e PLACE		211 LOCATION			COUNTY		TATE
(IF EITHER NOTIFY MEDICAL	(AT HOME ST	REET FACTORY OFFICE FARM ETC)	STREET	CITY OR TOWN				
(IF EITHER NOTIFY MEDICAL	is hospital) attended th	ne deceased from	SIREET	_, to AUG 23	, 19	85	that (1) (s	-,
(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (th sow the deceosed above. (1) went (did	is hospital) attended th	ne deceosed from	ond that in (my) (our) opinion o	_, to AUG 23	, 19 and hour o	85 nd from the	that (I) (v	-,
(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. Certify that (1) (th sow the deceased	is hospital) attended the olive on the body	ne deceosed from	ond that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	_, to AUG 23		85	that (I) (v	-,
(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (th sow the deceosed above. (1) went (did	is hospital) attended the olive on the body	ne deceosed from 1985 o	ond that in (my) (our) opinion of DEGREE	deoth occurred on the dote		85 nd from the	that (I) (v	-,
(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. Certify that (1) (th sow the deceased	(AT HOME SI sis hospital) attended the olive on a size of the body E (TYPE OR PR-11) SEAUBA V	ne deceosed from 1985 o	ond that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote	u Xa	nd from the	that (I) (vicouses storing)	as fed
(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. Certify that (I) (Ith sow the deceased above. (I) well (Idid 22d. PHYSICIAN'S NAM A. A. R. C. BURIAL, CREMATION, RE (SPECIFY)	(AT HOME SI sis hospital) attended the olive on a size with body E (TYPE OR PR. II) SEABA V. MOVAL 23b. DATE	19 85 . o	DEGREE ATTENDING PHYSICIAN 27e ADDRESS CEMETERY OR CREMATORY	deoth occurred on the dote MEDICAL STAFF OTRECTOR PHYSICIAN 23d LOCATION 123d LOCATION	u Xa	and from the 220 DATE	that (I) (vicouses storing)	afed af
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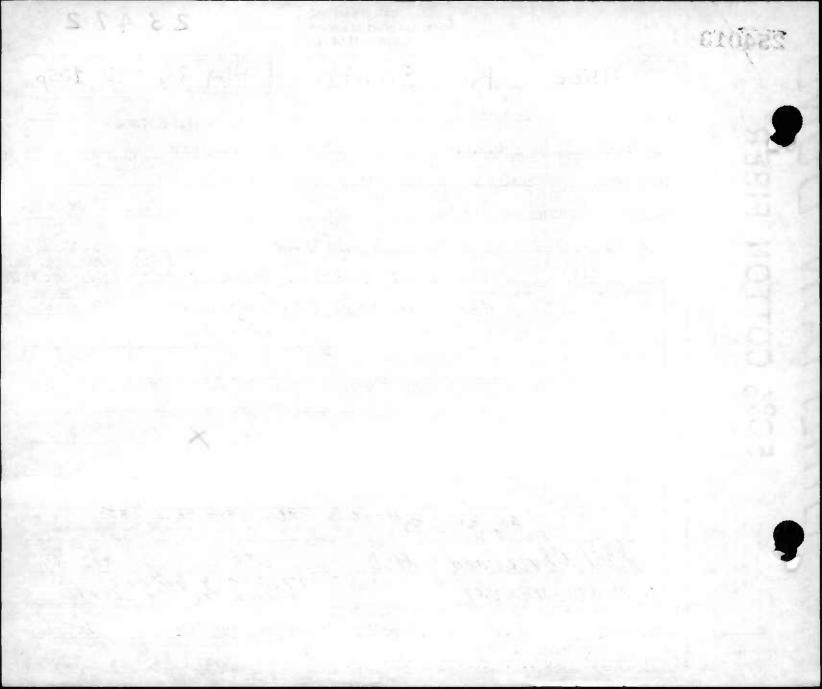
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove corbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-

ATTENDING PHYSICIAN The low offending physicion

TO HOSPITAL

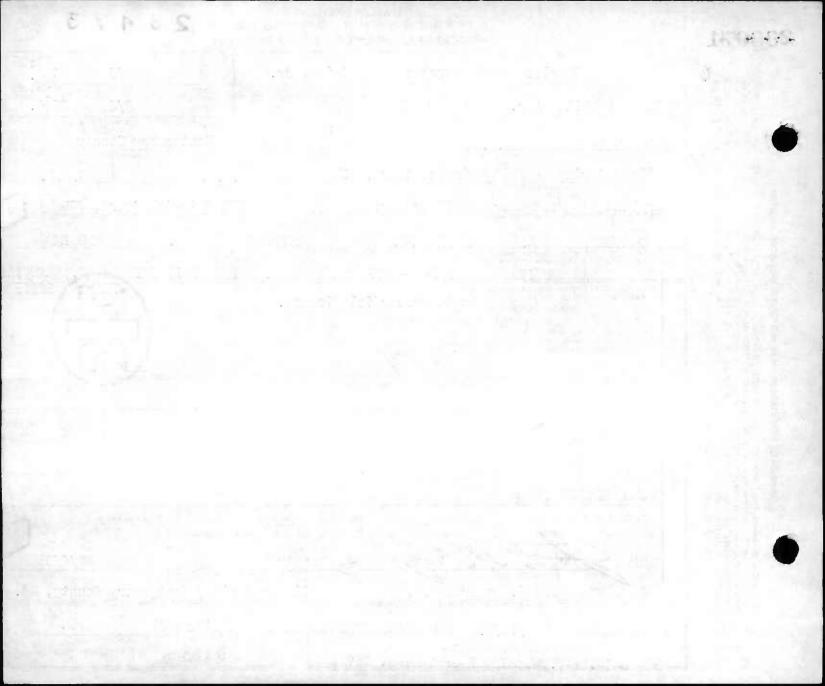
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

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3307	1		STATE REGISTRAR		ME	DICAL	XAMINE	R'S CERTIF	CATE OF	DEATH	REG. NO			
S. S	= 13×1		EASED NAME	Charle	es	Augus	tus	Smith	, Jr.	OF	ESTI- H MATED	8/6	19 85	0:05 A.
ARY, PLEA DIRECTO OUR FILI	ON STRE	3 SEX	le	White	Apr. 29,	1924	61 YRS.	MONTHS DAYS	HOURS	4 HRS 20 DA MIN PRONOI DE	UNCED	8/6	YEAR 19 85	10:05 A.
THE FUNERAL DIRECTOR. AGE 5 FOR YOUR FILES. FILED. WITHIN 72 HOURS.	W PRE	C	RTHPLACE (STAT REIGN COUNTRY) TLI KOTNI TY OR TOWN OF	a	76 CITIZEN OF W		v	MARRIED X N VIDOWED D	DIVORCE	D D MO		y Coun	ty IND OF BU	ME
ANY DELAY IS AND 3 TO THE RETAIN PAGE	6/4				OTHER INSTITUTION, G	IVE RESIDENCE	K Court BEFORE ADMISSION) OR TOWN		CITY LIMITS?	C.P.A.			G.A.).
E, MD, 212 ATH. IF AN S 1, 2, AND PM 3, RET	THA REC	M	THER'S NAME FIRST		tgomery	Silv	er Spri		NO DI	3376 CI	niswick		LAST	
A DE A GE	Sion		CHARLE VAS DECEASED E S, NO, OR UNKNOWN	VER IN U.S. ARM	VAR OR DATES)		SR. IAL SECURITY N	17. INFOR		DE BROTHER SMITH	B. ADDRESS		IGGIN:	
201 W. PRESTON ST., UTED WITHIN 24 HOURS I'N PENCIL IN ITEM 18 EXAMINER ALON WI	IDN OR REMOVAL		Conditions, gove rise	if ony, which to immediate oting the under-	DUE TO, OF	Acute R AS A CON		ial dise	ase.			TEMM	PPROXIMATI WEEN ONSE	3.82.7.5.
BE EXECUTOR NO INC. NO	ALTH AN CREMATI	PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None							110					
VITAL RI SHOULD VORD "PE CHIEF A	SIAL,	RTIFICAT	None	9			VHICH OPERAT	ION WAS PERFO					AUTOPSY	NO K
ISION OF ERTIFICATE NG THE W CD TO THE SHOULD	EPARTMENT PRIOR TO BU	MEDICAL CERTIFICATION	21d INTURY OC	OR CAUSE OF D	EATH P.A 21e PLACE	A. MONTH A. OF INJURY		21c HOW INJUR	No No		INJURY IN ITEM 18 P	ART I OR PART 2)		
DIV ER: THIS CI ATE, WRITI ORWARDE	E STATE D	W	WHILE AT WORK 220. I certify		of the remains de	scribed obox		Autopsy ,	Inspection	CITY OR		COUNTY		STATE
MEDICAL EXAMINE CUTE THE CERTIFICA SE 4 SHOULD BE FREE FREE SHOULD BE FREE SHOULD BE FREE FREE SHOULD BE FREE SHOULD BE FREE FREE SHOULD BE F	AFTER DEATH, WITH THE BAILWORF MARYLAND	/	death resulted ACTUAL SKONATURE EXAMINER'S NA	from Notus	n S. Roge	Accident	- Jurcio	Hom TITLE (SPECIFY) PUTY 1919 S	MEDICAL EXA eminary Spring	monner	DATE SIGNED	8/6/ ounty	
D EXECUTE PAGE 17/84 BP	PA —	23e.Bl		ON, REMOVAL 23		23c. N	AME OF CEME	TERY OR CREMAT	TORY	123d LOCATION		COUNTY	MD. ST	
DHMH (VR A15 A		24 FI	NERAL DIRECTO	FRANC	IS J. ACO. W. SILVE	LLINS				C'D. BY REGISTI	RAR 256 REGIS	TRAR'S SIGNA	TURE	



deoth. Page 4 may be

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

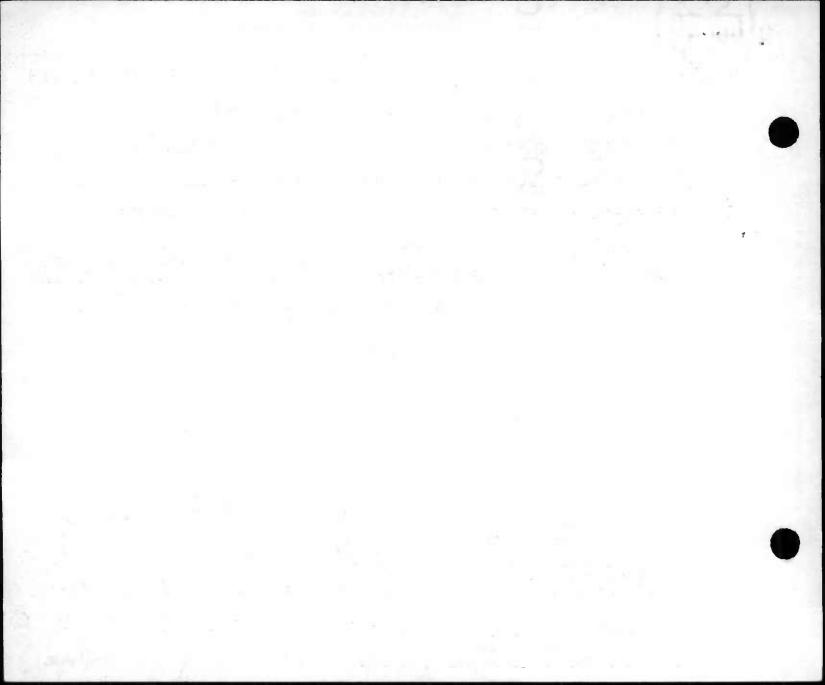
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5.	5 5	Ö	
TO FUNERAL DIRECTOR, After this certificate has been signed by the offending physician	Sho With	IMPORTANT: If them 21 is marked at them 18 shows ony injury, at other troumati	_
		entran-	

1	REGISTRAR		CERTII	FICATE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(1177)	YIN	ERVA	A. 5	MITH		8 19	85	2-30 Am
3. SE	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BE	THDAY) IF UP	NDER 1 YEAR	IF UNDER 24 HRS
1	FEMALE	WHI	TE 6	DAY YEAR	86	YRS.	HS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOR	REIGN 76. CITIZEN O	F WHAT COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	NNSYLVANIA	us	5 P WIDOW		MONTGOME	RY		MD.
10. C	ITY OR TOWN OF DEAT		F HOSPITAL, NURSING HOME (UCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		2b. KIND OF	F BUSINESS OR
TA	KomA PA	RK HERIN	MGE HEALTH CI	TRE CENTER	HOMEMAKER			
	AL RESIDENCE (IF NURSING STATE II. LOR IDA	SHOME OR OTHER INSTITUTIONS TO COUNTY NINER PK	IN GIVE RESIDENCE BEFORE ADMISSION)	134. INSIDE CITY LIMITS? YES X NO [13e.STREET ADDRESS . 6900 O Q	ZIP CODE	:49	1999
34	ATHER'S NAME FIRST	MIDDLF	LAST	15. MOTHER'S MAIDEN NA	ME		LAST	1
	JOHN	Н.	ANGST	CLAR		М.	BO	GER
	WAS DECEASED EVER IN	U.S. ARMED FORCES	166 SOCIAL SECURITY NO.	17. INFORMORAND D	AUGHTER ADDR	206 TUC	KERMAI	N STREET
	NO		169-30-5688	MARGARET M.	SMALL L	NIV. PA	RK, MD	20782
	18. CAUSE OF DEATH PART I. DEATH WA	(Enter only one cause p	er line for (o), (b), and (c)	1 1 1	0.		METWEEN	MATE INTERVAL DINSET AND DEATH
		MMEDIATE CAUSE (0)_	Home of	1 mugher La	my man		le	H
		DUE TO,	OR AS A CONSEQUENCE OF		,]		
	Conditions, if ony, a gove rise to imme							
	cause (a), stating underlying cause	the DUE TO.	OR AS A CONSEQUENCE OF					
	BART 2 OTHER SICALII	(5)	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE YEAR	ALAL DISEASE OR CON	DITION CRITICAL	NI DADI I	
Z	PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN I	N PART IIO	
CERTIFICATION	190 DATE OF OPERATION	ON 196 CON	DITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE		
F			OF HUMBY		YES NO	YES []	NO 🗌
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA		OF INJURY A.M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (FINTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICA		P.M. 19	211 LOCATION				
MED	WHILE IT NOT WHILE	LAT HOME	E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK		16	100 8	16 Au	4 10		1
	22s I certify that (I) y	his hourful) attended	deceased from	nd that in (my) (our) opinion	deoth occurred on the d	ote and hour one	from the c	ouses stated
	obgles, (Is/we) (did 72h SIGNATURE	idd of you the	v after death.	DEGREE .			22c. DATE S	
	MICHAE			ATTENDING PHYSICIAN [DIRECTOR PHYSIC		8/1	9/1
	22d PHY ICIAN'S NAM	aller	bouit, my	11/ W Klen	- How his	Auss	ud	2090>
23a. I	BURIAL, CREMATION, RE			CEMETERY OR CREMATORY	N PINE GR	OUT 68	414111111	ZII STATE T
04.5	BURIAL	8/22					HUYLK	
	UNERAL DIRECTOR FR		DLLINS ADDRESS	A11	G 2 6 1085	256 REGISTRAR		URE
50	O UNIV.BLVD	W., SILVE	R SPRING, MD. 20	1901 AU	0 4 0 1900	V STORY	1001-N	שווספוצ

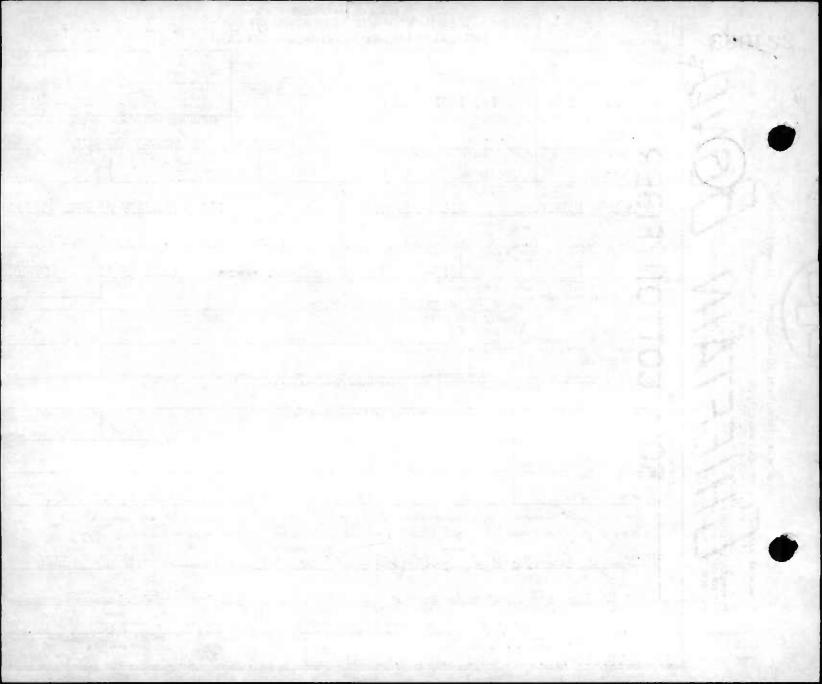
DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the hospital ar attending physician



STATE OF MARYLAND

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	ofter death. Page 4 may be	y the funeral directar, page 3 ed within 72 hours after death	otified at ance.

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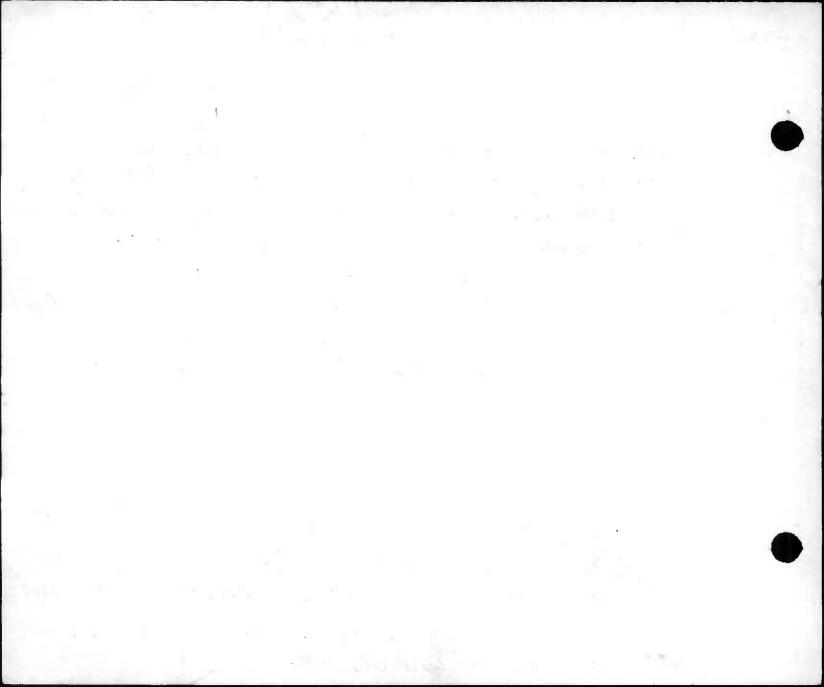
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&1 STATE OF MARYLAND Fi.m G606 item 13 E & DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3/28/85 rja,. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME MONTH (TYPE OR PRINT) IF LINDER LYEAR AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE 5 DATE OF BIRTH MONTH 9 1 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED U.S.A. WIDOWED DIVORCED Illinois Montgomery IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY Lobbvist Ret. Potomac Valley Nursing Home Rockville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE DeRussey 4809 Parkway20815 hevy Chas Maryland Mont 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE Allie A. Walker Leslie Smith 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! Frances Smith same No APPROXIMATE INTERVAL BETWEEN ONSET AND SHA 18 CAUSE OF DEATH (Enter only one cause per line for (a)_ (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS ACONSEQUENCE OF Conditions, if onv. which gave rise to immediate cause (a), stating underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20a AUTOPSY? 206 IF YES. WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOU YES [NO [] 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET AT WORK NOT WHILE 22e I certify that (I) (this haspital) attended the deceased from sow the deceased glive an 22 100 19 sow the deceased glive on 30 who obove, (I) (w) (did) (did not) view the body ofter death. and that in (my) (and) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN! DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) STATE

DHMH - 16 50M 4/83 (VRA 15, 4) School Washington D.C. 1250 DATE REC'D BY REGISTRAR 1250, REGISTRAR'S SIGNATURE



injury, or other troumotic event, the

IMPORTANT; If Item 21 is marked or Item 18 shows any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

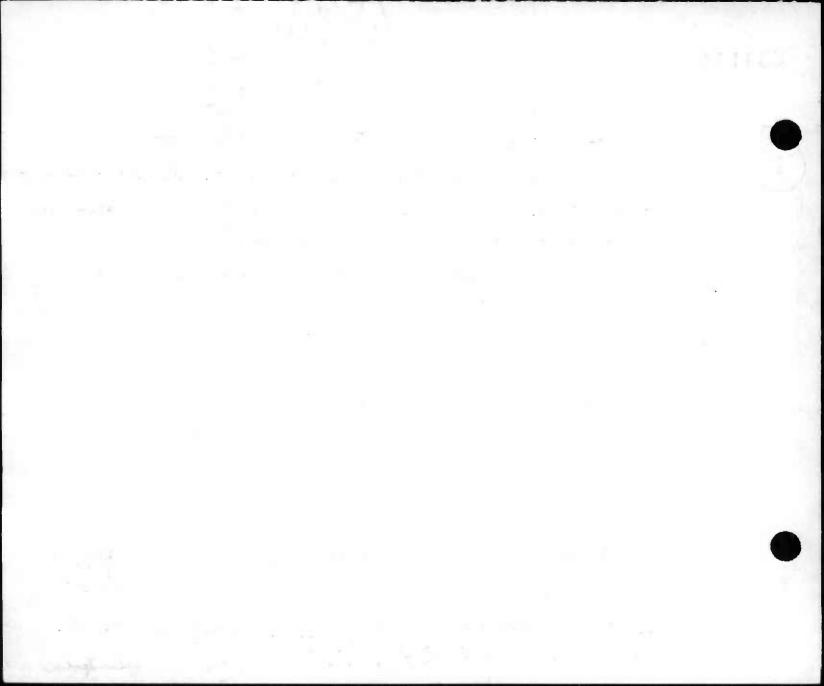
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١.	FOR STATE	DEPART		EALTH AND MENTA		ENE D	. 0	3	/
Ľ.	REGISTRAR		CERTIF	CATE OF DEATH		REG. NO			
1. DE	CEASED NAME FIRST	WIDDLE		AST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	MAS		20t	EKORC		1 1 1	UST 11	,00	d/PM
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	ndonesia	Indonesia	WIDOWE	D DIVORCE	D 🗆	Montgom	ery		MD.
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME O	ROTHER INSTITUTIO	N	12a USUAL OCCUPATION OF OF WORK FOR MOST OF		126 KIND OF	F BUSINESS OR
	akoma Park	Washington Ad	lvent:	ist Hosp:		L-Asst.Pr			e-Embassy
USU/ 13e S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		1 13d, INSIDE CITY LIM	ITS?	13e STREET ADDRESS /	ZIP CODE		
M		t. Silver Spr		YES NO	W 97			lace.	-20903
14. FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAID	ENNAM	E MIDDLE		LAST	
	Poerboso			Not	kno				
	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS		
No	YES, NO OR UNKNOWN) (IF YES GI	213-78	-7533	Wani So	ekor	co-Same a	s item	ıs #1	3
	18. CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), a	nd (5)	, 0	,			APPROXIA BETWEEN O	MATE INTERVAL
	PART I. DE ATH WAS CAUSE	TE CAUSE (0) Massur	Cere	prol to	ifour	ction			
		DUE TO, OR AS A CONSEOL	IENCE OF		1)				
	Conditions, if ony, which	(b)			v				
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF						
	underlying couse lost.	(c)							
_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	E TERMIN	NAL DISEASE OR CONE	DITION GIVEN	IN PART To	
CERTIFICATION	Acute 1	ulumany 2	den	a					
CAI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED		20e AUTOPSY?	206. IF YES, W		
E						YES NO	YES []	NO 🗌
	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE	216. TIME OF INJURY	DAY YEAR	21c. HOW INJURY C	CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM TE PART	T OR PART ?)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIN	19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	FARM ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
2	AT WORK AT WORK		521	10		Oli-	7	ar	
	220 I certify that (I) (this hosp	(///-//X/	D/	12/85, 19		_, to	. 19.		hot (I) (we) lost
	sow the deceased alive or above, (1) (we) (did) (did no	ot) view the body often death.	, on	d that in (my) (our) o	pinion de	eath occurred on the do	ite and hour ar	id from the c	ouses stated
	22b. SIGNATURE	a C. 114		DEGREE	1110	MEDICAL STAF	r	22c. DATE S	SIGNED
	ANIONI	0 9.07			IAN	MEDICAL STAF	IAN 🗌	8/18	785
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	-	20 . (un 5	6/11/	22000
	Gule	ones A. My	_	83/ W	u· Va	Bled . E -	ry a	1.600	20103
	BURIAL, CREMATION, REMOVAL	236. DATE 23c.	NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION	0	OUNTY	STATE
	Burial	8/20/85	Parkl		Pk.	Fockvil.	Mor		Md.
24 FI	UNERAL DIRECTOR	254 (2	mmoll		50 DATE	REC'D. BY REGISTRAR	756 REGISTRAL	S SIGNATI	JRE
	akoma Funera	1 Home-Washin	gton,	D.C.	AUG	2 0 1085	Lie New	de la	nd.ee_
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL



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	5 PresSiciator. The low requires that the death certificate by executed within 24 hours, offer deatherding physician.	is this certificitie has been signed by the attending physician and completely filled in by the forest the build-ranks permit. They place remove circle paper if Poper, I and 2 should be filled within and Membel Hygeline prior to barrol, committee, or in Second.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

5	1-	FOR - STATE REGISTRAR				ALTH AND MENTAL HYG ATE OF DEATH		G. NO.		0
		CEASED NAME FIRM	sy E		Spe	ars	20 DATE OF DEA	August 1		26. HOUR 1154 AM
	3 SE	x Female	4 RACE Whit		ATE OF	BIRTH . 15, 1902	6 AGE (IN YEARS LA		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
E	Pe	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	WIE	OWED		Mo	ntgomery		MD.
Į	10 CI	Olney		Grove Nur		OTHER INSTITUTION Home	Retired	Sales Cle	126 KIND OF	etail
1	Tile S	AL RESIDENCE (IF NURSING HOME OF		Wash. D. C	• 13	36 INSIDE CITY LIMITS? YES NO [Street N	.W. 2	0012
11	M4 FA	Arc'hie	MIDDLE	Eader	1:	Margaret	MIDI	G	artne'r'	
3				579-28-676		Ronald O. Sp	pears 100			kd.
	188888	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR A	S A CONSEQUENCE	OF	ARTERIO OFRELATED TO THE TERM			25	year
2	CERTIFICATION	CHRONI	c 01	35TR.	1	ULMONAR	20e AUTOPSY?	15 E A-	WERE FINDIN	GS USED
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELETE RETHER NOTIFY MEDICAL EXAMINED 210. IN JURY OCCURRED NOT WHILE NOT WHILE	HOUR A.M. P.M. 21e PLACE OF	MONTH DAY	19 2	PIE HOW INJURY OCCURR III. LOCATION STREET		FINJURY IN ITEM 18 PAR	COUNTY	STATE
-		220.1 certify that (I) (this hasping saw the deceased alive an about III (we) filled ideal in 17th SIGNAL UNE	the beginning	er death. 19 85	DE 2	that in (my) (aur) apinion of GREE ATTENDING PHYSICIAN 172 ADDRESS	MEDICAL DIRECTOR PH	STAFF NYSICIAN	and from the c	
		SURIAL, CREMATION, REMOVAL		85 23c NAME Par	of CEM rklav	9400 C. METERY OR CREMATORY Wn Memorial	Park CITY OR TOW		KEN Mary	landate

²⁴ FUNERAL DIRECTOS on Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Maryland 20852

DHMH - 10 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

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- S	OR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYE	ENE S	3	6-3	7
I DECE/	ASED NAME T	garet		MICAL 2	S	encer	20 DATE OF DEATH		AY YEAR	2b HOUR
(TYPE OR	PRINT)	rgaret		€.	5	enae	le date of beatt	8 2	85	845 PM
1. SEX		4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HR
	F		4)	MONTH	DAY YEAR 28	56	YRS	ONIHS DAYS	HOURS MIN.
70 BIRTH		R FOREIGN 71	CITIZEN OF	WHAT COUNTRY?			9 BALTIMORE CITY C		OF DEATH	
	INTRY		USA		MARRIE		14	_		
	OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN	WIDOWE		12a USUAL OCCUMI	mer	Win Warton	F BUSINESS OR
sil	ver Sp	ring	(IF NOT IN SUC	Ly Cros	ADDRESS)	-Silver Spring	Shopping	F WORKING LIFE	TINDUSTRY	
Md.	•	13b COUNT Mont	Y	13c. CITY OR TOW S.S.	E ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 11111Unive:	rsity	Blvd. V	West
	IER'S NAME		DDIE	LAST		Christell	MIDDLE		£AS1	ī
-	ward B.	_					Detrich		-	
	S DECEASED EVEL		ED FORCES?	166 SOCIAL SECU	JRITY NO.	17 1126091 Two F			d.	
NO		NO		579-308	-709	Christell Em	nery (Moth	er)		
	PART I. DEATH V	MAS CAUSED IMMEDIATE	CAUSE (a)	RAS A CONSEQUE	2RHA	GIC TANG	CREATITI		BRIWENC	MATE INTERVAL ONSET AND DEATH
9	gave rise to in cause (a), stati underlying caus	nmediote ing the	}	r as a conseoue	ENCE OF					
NO PA	ART 2 OTHER SIG	SNIFICANT CO	NDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
CERTIFICATION 51	DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?		WERE FINDINGS USED YING CAUSES OF DEATH?	
	R CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	PED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT T OR PART 2)	
W W	MHILE NOT W	VHILE .	21e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	saw the deceo abave, (1) (we)	sed alive on_	AUCU	17 9 19		, 19 and that in (my) (our) apinion o	to NO Serviced on the de		and from the	
1	A SIGNATURE	Mo	lling	luon	wy	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		8 2	SILNED /
+	J.M.	ERE	YDINE	-		11620 Kemp	Mill Road	S.S. M	d.	
	rial, CREMATION	, REMOVAL	23b. DATE 8-7-8			EMETERY OR CREMATORY Washington	23d LOCATION Adelphi		Pg	Mã.
	eral director nes/Rina	1 4 i	11800	New Hamp	shire	Ave.S.S.	REC D. BY REGISTRAR 6 1985	ficha Da	AR'S SIGNAH	indella i

DHMH - 16 50M 1/B1 (VRA 15, 4)

O FUMERAL DIRECTOR

in this certificate has been signed by the attending physicia

- STATE REGISTRAR DECEASED NAME

TO BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

TYPE OR PRINTS

Male

Georgia

3. SEX

FIRST

James

4. RACE

White

U.S.A.

E

7b. CITIZEN OF WHAT COUNTRY?

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NEVER MARRIED

DIVORCED

Stargel

5. DATE OF BIRTH

MARRIED X

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

fil-ret	~	0

MONTH

August

9 BALTIMORE CITY OR COUNTY OF DEATH

20 DATE OF DEATH

67

Mont.

A AGE (IN YEARS LAST BIRTHDAY)

93 8

1985

IF UNDER I YEAR

2h HOUR

Police Dept.

20854

NO |

22c. DATE SIGNED

APPROXIMATE INTERVAL

White

YES [

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Priber	4 moy be	Y	tor page 3	ofter deoth	9	1
Cy	irs ofter death Page	1	by the burney didner	filed within Nours	/	and the state of the state of
Su m	cuted Athin 24 hou	-	Ampleto Viled in	A I and 7 thold by	F	100
A James	in certificate be exe		iding physicion and	carbon popers. Pro	or removal.	and the second of
Plus - By M.E. Pain	requires that the dea		een signed by the offer	it. Then please remove	prior to burial, cremation, or removal.	And the second of the second o

120 USUAL OCCUPATION
(TYPE TO BE TO TO THE OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rethesda Suburban Hospital Inspector USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) MA ATE 136 MBYNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 11220 Bedfordshire Ave. Potomac 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Al ice Milton Stargel E. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Wife) ADDRESS W.W. II same as 13e Marguerite Q. Stargel 577-16-4278 Yes 18 CAUSE OF DEATH (Enter only one cause per line for PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO Mentol Hygu 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM ETC 1 WHILE NOT WHILE 22a I certify that I (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive an and that in Imy obove, (1) (we) (did) (and not) view the body after death 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL I 22e ADDRESS MPORT/ Dr. Stanley Silverberg 5530 Wisconsin Ave.C.C. Md. 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL Washington D .Gumiy Lee's Crematory August 8'85 Cremation

Hines/Rinaldi 11800 New Hampshire Ave. S. SALADO

DHMH - 16 60M 7/84 (VRA 15, 4)

PLEASE RECTOR. UR FILES. HØURS STREET, FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

9	7	4.4	13
line	U	-	0
R	EG. NO),	

1. DECEASED NA					AIT REG. N		
(TIPE OR PRINT)	AME FIRST		MIDDLE	LAST	20 DATE KNOWN	MONTH DAY	YEAR 72b. F
	Don	(Carl S	teffen, II	OF ESTI- DEATH MATED	8/ 17/	19 85
SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS IF	JNDER TYR. IF UNDER 24 HRS		MONTH DAY	YEAR 24
Male	White	3 13	66 19 YRS.	NTHS DAYS HOURS MIN	PRONOUNCED DEAD		19 85
FOREIGN COUNTI Wash	RY)	76. CITIZEN OF WH.	AT COUNTRY? MAF WIDC	RRIED NEVER MARRIED NEVER	Montgomer		EATH
Silver		(IF NOT IN SUCH FAC	ITAL, NURSING HOME, OR O ILITY, GIVE STREET ADDRESS) ross Hospital	FO	SUAL OCCUPATION (TY OR MOST OF WORKING LIFE) tudent	PE OF WORK 12b KIN	ND OF BUSINE R INDUSTRY
JSUAL RESIDENT 30 STATE Md.	136. COU		RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN S.S.	13d INSIDE CITY LIMITS? 13e, ST	reet ADDRESS 2806 Gaffi	ney Road	e E
4 FATHER'S NA	ME	MIDDLE	1477	15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
Don		Cari	Steffen	Margaret	Jane	Deli	21101
	SED EVER IN U.S. AF		166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRES		
N/A	(IF YES, GIV	E WAR OR DATES)	219 02 9062	Don Carl	Steffen(F		
PART I	DEATH WAS CAUSE	nly ane cause per line f ED BY: ATE CAUSE (a)		pine Injury		BETV	PPROXIMATE INTE
gave	itians, if any, which	(b)	AS A CONSEQUENCE OF				
	(a) stating the under	1 2115 70 00					
	cause last.	(c)	AS A CONSEQUENCE OF				
PART 2 OTHE	cause last.	(c)		ASE DR CONDITION GIVEN IN PART 1 (0)			1 B
PART 2 OTHE	cause last.	(c)S CONTRIBUTING TO DEATH BO				20 A	NUTOPSY?
PART 2 OTHE	R SIGNIFICANT CONDITION	(c)S CONTRIBUTING TO DEATH BO	UT NOT RELATED TO THE TERMINAL DISE				
PART 2 OTHE	R SIGNIFICANT CONDITION OF OPERATION RNAL CAUSE WAS	(c)	UT NOT RELATED TO THE TERMINAL DISE ON FOR WHICH OPERATION INJURY 1716		R NATURE OF INJURY IN ITEM 18	,	
PART 2 OTHE 190. DATE 210. EXTER	COUSE IOST. RESIGNIFICANT CONDITION OF OPERATION RNAL CAUSE WAS ING. XX OR	(c) 19b. CONDITI	UT NOT RELATED TO THE TERMINAL DISE ON FOR WHICH OPERATION INJURY MONTH DAY YEAR	WAS PERFORMED?		BPART 1 OR PART 2)	YES X NO
PART 2 OTHE 190. DATE 210. EXTER	COUSE IOST. RESIGNIFICANT CONDITION OF OPERATION RNAL CAUSE WAS ING. XX OR	196. CONDITION 196. CONDITION 216. TIME OF HOUR ** DEATH 2: 37p.m. 21e PLACE O	UT NOT RELATED TO THE TERMINAL DISE ON FOR WHICH OPERATION INJURY MONTH DAY YEAR 8/ 17/1985 SU FINJURY (AT HOME 211)	WAS PERFORMED? HOW INJURY OCCURRED (ENTE bject driver of ocation	f auto/auto	BPARTION PART 2) COllisio	res 💢 No
PART 2 OTHE PART 2 OTTE PART 2	OF OPERATION RNAL CAUSE WAS ING X OR UTING CAUSE OF	196. CONDITION UT NOT RELATED TO THE TERMINAL DISE ON FOR WHICH OPERATION INJURY MONTH DAY YEAR MONTH DAY YEAR STINJURY (ATHOME. 216 1 DRY, FARM, ETC.)	WAS PERFORMED? HOW INJURY OCCURRED (ENTE bject driver of OCATION STREET	f auto/auto	PARTIOR PART 2) COLLISIO COUNTY	res 💢 N	
PART 2 OTHE PART 2 OTHE 190. DATE 110. EXTER UNDERLY CONTRIBUTE 21d. INJUR WHILE AT WORK	COUSE IOST. RESIGNIFICANT CONDITION OF OPERATION RNAL CAUSE WAS ING X OR UTING CAUSE OF RY OCCURRED AT WORK	196 CONDITION OF A THE PROPERTY OF A CONTRIBUTING TO DEATH BY 198 CONDITION 198 CONDI	UT NOT RELATED TO THE TERMINAL DISE ON FOR WHICH OPERATION INJURY MONTH DAY YEAR 8/ 17/1985 SU FINJURY (AT HOME. 216 INT. GARM. ETC.) OADWAY VI	WAS PERFORMED? HOW INJURY OCCURRED (ENTE bject driver of OCATION STREET ers Mill Rd, Si	f auto/auto	collisio	res 🗱 No
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DHMH - 17 (VR A15 ME (5)) 20M 4/82

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGICIE 5

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line	3	- 6	O	Comp

	PA-OISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME FIRST	A	AIDDLE	L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
410	HAZ	EL FAYE	STEVENS			AUGUST 2	8 1985		9:42 P
1,5	FEMALE	4. RACE CAUCASI.	AN	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
7a.	SIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA		STATES	8	D NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY	OF DEATH	MD
	BETHESDA	11, NAME OF H		ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUSEWI	ION OF WORKING LIFE) INDUSTRY	me
13a M.			GIVE RESIDENCE BEFORE 113C CITY OR TOWN RIVERDA	N	13d. INSIDE CITY LIMITS? YES NO 🔯	13e.STREET ADDRESS 5808 LONG		STREE	20737
1	FATHER'S NAME FIRST JAMES HUG WAS DECEASED EVER IN U.S. A		LAST	DITYNA	15. MOTHER'S MAIDEN NAI	MAE COURTN		LAS	ī
-	(IF YES, O	GIVE WAR OR DATES) None	226-09-		ROBERT D.STE	VENS . 5808			REET
	Conditions if one which	DUE TO, OF	AS A CONSEQUE		OF CTOMACII				
7	Canditians, if any, which gave rise to immediate cause 1a1, stating the underlying cause last	(b) DUE TO, OF	PERFORA R AS A CONSEQUE	TTON NCE OF	OF STOMACH	INAL DISEASE OR CON	IDITION GIVE	N IN PART In	0
HCATION	gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OF	PERFORA	TTON_ NCE OF		20a AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDIN	NGS USED OF DEATH?
CAL CERTIFICATION	gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OF CONDITIONS CO. 196 CONDITIONS CO. 196 CONDITIONS CO. OVER: 216 TIME O. HOUR A.	PERFORA R AS A CONSEQUE TION FOR WHICH SEW PERFO FINJURY M. MONTH DA	TTON NCE OF DEATH BUT OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY? YES X NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	NGS USED
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 28 AUG 1985 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	(b)	PERFORA R AS A CONSEQUE TION FOR WHICH SEW PERFO FINIURY M. MONTH DA M.	TTON NCE OF DEATH BUT OPERATIO RATIO AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY? YES X NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	NGS USED OF DEATH?
	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 28 AUG 1985 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMP 21d INJURY OCCURRED NOT WHILE	(b)	PERFORA R AS A CONSEQUE TION FOR WHICH IS SEW PERFO FINJURY M. MONTH DA M. DF INJURY BET. FACTORY, OFFICE,	NCE OF DEATH BUT OPERATIO RATIO LY YEAR 19 ARM EIC) AUGU	NOT RELATED TO THE TERM N WAS PERFORMED N 21t HOW INJURY OCCURI 21t LOCATION STREET	200 AUTOPSY? YES X NO RED (ENTER NATURE OF IN)	20b. IF YES, IN CERTIFY YES	WERE FIND IN ING CAUSES SET TO PART 21 COUNTY	NGS USED OF DEATH? NO STATE that (1) (we) last causes stated
	gave rise to immediate cause 10), stating the underlying cause lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 28 AUG 1985 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIE EITHER NOTIFY MEDICAL EXAMINATION OF COURTED 21d INJURY OCCURRED 21d INJURY OCCURRED 22a.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE,	DUE TO, OF (c) T CONDITIONS CO 196 CONDITIONS CO OVER: 216 TIME O HOUR AND SER! 21e PLACE (AT HOME STR.) pital) attended the an AUGUST mat) view the bady.	PERFORA R AS A CONSEQUE TION FOR WHICH IS SEW PERFO FINJURY M. MONTH DA M. DF INJURY BET. FACTORY, OFFICE,	NCE OF DEATH BUT OPERATIO Y YEAR 19 AUGU A	NOT RELATED TO THE TERM N WAS PERFORMED N 21t HOW INJURY OCCURI 21f LOCATION STREET STREET DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES A NO CITY OR TO CITY OR TO AUGUST death accurred an the company of the comp	20b. IF YES, IN CERTIFY YES URY IN ITEM IS PA	WERE FINDING CAUSES SET TO COUNTY 19-85 and from the 22c DATE 2944	NGS USED OF DEATH? NO STATE that (j) (we) last causes stated SIGNED
	gave rise to immediate cause 10), stating the underlying cause lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 28 AUG 1985 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE EITHER, NOTIFY MEDICAL EXAMINATION OF COUNTRIBUTION OF	DUE TO, OF (c) 196 CONDITIONS CO OVER: 216 TIME O HOUR AAA ERP P.	PERFORA R AS A CONSEQUE TION FOR WHICH SEW PERFO FINJURY M. MONTH DA M. DEFINJURY ELT. FACTORY, OFFICE, FJ el deceased from 28 19 after death.	NCE OF DEATH BUT OPERATIO Y YEAR 19 AUGU A	NOT RELATED TO THE TERM N WAS PERFORMED N 21t HOW INJURY OCCURI 21f LOCATION STREET STREET DEGREE ATTENDING PHYSICIAN [ZOQ AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSI HOSPITAL	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA 28 date and haur AFF CIANDO NAVAL	WERE FINDING CAUSES SET TO COUNTY COUNTY 19.85 and from the 226 DATE 29.44 MEDICA	NGS USED OF DEATH? NO STATE that (I) (we) last causes stated SIGNED UC ES LL COMMAN

ADDRESS

Riverdale, Maryland

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Chambers Funeral Home

Arlington National Cent. Arlington, Arlington, 1250 PATE RECD. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 1250 Marriage 1250 PATE
Cha Devidson Randale

	1 -	FOR STATE REGISTRAR	DEPARTM 	NENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIÉDE D REG. N	2 3 4 8	3
008		CRASED NAME FIRST MAR	ALICE RACE	Stover Is, Date of Birth	20. DATE OF DEATH 8 9	85	12 A M
		FEMALE	WhITE	8 - 29-1902	82	YRS.	HOURS MIN.
22	n. 80	Walara	LUSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	RECOUNTY OF DEATH	Co. MD.
20	0.CI	OC NET	1. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) DUNGING HOME	17a USUAL OCCUPAT TYPE OF WORK FOR MOST OF	OF WORKING LIFE) INDUSTRY	BUSINESS OR FOR
	OSOA Os. S				13. STREET ADDRESS	ZIP CODE	10699
1/2	4.54	BURR	POLK LAST	13. MOTHER'S MAIDEN NA	AME ANDDEE	E POL	K
3	441		WAR DE PARTY OF 2-28-0	RITY NO. 17 INFORMANT	STOVER	COCA BEAC	ABB PK
cremation, or it govern other traumatic event		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions. If any, which gave rise to immediate cause (a), stating the underlying cause lost.	BY:	NCE OF	e.	Saint To	NATE INTERVAL INSET AND DEATH
0 0			101				
ay interp	ATION	PARTE OTHER SIGNIFICANT CO	work T from	DEATH BUT NOT RELATED TO THE TERM A T MANUSTRY TO THE TERM OPERATION WAS PERFORMED	usia Car	my sully de	Food.
henry prior to bu	RTIFICATION	Million Tol	CONDITION FOR WHICH	laly of Mianelytyto) OPER TION WAS PERFORMED	200 AUTÓPSY? YES NO	200 IF YES, WERE FINDING IN CERTIFYING CAUSES O YES [GS USED
	CERTIFICAT	The DATE OF OPERATOR 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT OF CHITER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21 CHOW INJURY OCCUR 19	200 AUTÓPSY? YES NO	200 IF YES, WERE FINDING IN CERTIFYING CAUSES O YES [GS USED OF DEATH?
Hypere pro	MEDICAL CERTIFICATION	The DATE OF OPERATOR 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	216 TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 216 HOW INJURY OCCUR 19 216 LOCATION	200 AUTÓPSY? YES NO	700 IF YES, WERE FIND IN. IN CERTIFYING CAUSES OF YES THE TEM 18 PART 1 OR PART 7)	GS USED OF DEATH?
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Hypere pro	CERTIFICAT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify that this haspite saw the deceased alive on abave (I) (we) (did ridid not) 22b. SIGNATURE	216 TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY 1AT HOME STREET, FACTORY OFFICE, FA	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET ARM. ETC.) DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO SE RED (ENTER NATURE OF INJU-	20 VIF YES, WERE FINDING IN CERTIFYING CAUSES OF YES (IN THE MISS PART 1 OR PART 7) OWN (OUNTY) ate and haur and fram the county	GS USED DF DEATH? NO STATE state (we) lost auses stated
Hypere pro	CERTIFICAT	The DATE OF OPERATOR The DATE OF OPERATOR The DATE OF OPERATOR The DATE OF OPERATOR OR CONTRIBUTING CAUSE OF DEAT OF CONTRIBUTING CAUSE OF DEAT OF CONTRIBUTING AUGUST AND AUGUST AUGUST WHILE ALL WORK THE CONTRIBUTING AUGUST A	216 TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY 1AT HOME STREET, FACTORY OFFICE, FA	OPERATION WAS PERFORMED ARM ETC) 216 HOW INJURY OCCUR 219 216 LOCATION STREET ARM ETC) DEGREE	200 AUTOPSY? YES NOW CITY OR TO CITY OR TO death occurred an their	20 VIF YES, WERE FINDING IN CERTIFYING CAUSES OF YES (IN THE MISS PART 1 OR PART 7) OWN (OUNTY) ate and haur and fram the county	GS USED DF DEATH? NO STATE state (we) lost auses stated
MEORTANT, If them 21 is marked or from 18 shapes and	MEDICAL CERTIFICAT	TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 22d. I certify that off this hospite sow the deceased alive on obove (I) (we) Idid (Idid not). 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR AUGUSTAN)	216 TIME OF INJURY H HOUR A.M. MONTH DA P.M. 216 PLACE OF INJURY (1AT HOME STREET, FACTORY OFFICE, FA 21) attacked the deceased fram (19) (21) attacked the deceased fram (22) attacked the deceased fram (23) attacked the deceased fram (24) attacked the deceased fram (25) attacked the deceased fram (26) attacked the deceased fram (27) attacked the deceased fram (28) attacked the	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET ARM. ETC.) DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOW CITY OR TO CITY OR TO death occurred an their	20 VIF YES, WERE FINDING IN CERTIFYING CAUSES OF YES (IN THE MISS PART 1 OR PART 7) OWN (OUNTY) ate and haur and fram the county	GS USED DF DEATH? NO STATE state (we) lost auses stated

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGENE

BARBARA V. STUART

10	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
	CEASED NAME FRST MIDDLE LAST 20. DATE KNOWN D MONTH DAY YEAR 726 HOUR OF ESTI- DEATH MATED 21. 27. 28. 11. 28. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29. 11. 29.
3 SE	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20 DATE MONTHS DAY FOR NOUNCED DEAD LOSS BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD LOSS BIRTHDAY YRS.
10/8	RTHPLACE (STATEOR)76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED MARRIED MARRIED MARRIED MIDOWED MI
100	TI, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170, USUAL OCCUPATION INDUSTRY
	AL RESIDENCE (IF INJURY) HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE 13 STATE OR TOWN 134 INSIDE (ITY LIMITS? YES NO 9 0 3 Mercy No Dic20901
1	HERS NAME B. MIDDLE VENCULAST. IS MOTHER'S MADEN NAME MIDDLE HOODIE.
like \	DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 167 SOCIAL SECURITY NO. 168 SOCIAL SECURITY NO.
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Conditions, if ony, which gove rise to immediate cause (a) storing the under- lying cause lost. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF
Z.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES \(\subseteq \text{NO.PK} \)
	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
	22a Certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes
	M. MEDICAL EXAMINER SIGNED TO ADDRESS.
73a B	Exemples Ave 8.1985 Part F. Drematery Face Remains
Ty	Takomes Funeral Home. In the bare section of the se

07/84 20M

611585 Bill Car & Commerce and the same Glace Harding " Stilland Br. Merelller Hilland in alle a my land heat of Marie constigue sees 1955 Milt been hery hard his wife Miles

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Con	3	-	3	-

1.	REGISTRAR				CERTIF	FICATE OF DEATH		REG. NO.				
	CEASED NAME	FIRST		MIDDLE	Į.	LAST	2a. DATE OF DE	EATH MO	HINC	DAY	YEAR	2b. HOUR
TITTE	ORPRINT) Ph	noebe		R.	Stu	urtevant		0	8 -	05	-85	2:00p
3. SEX	X		4 RACE		5 DATE C		6. AGE (IN YEARS	LAST BIRTHD	AY)		DER 1 YEAR	IF UNDER 24 H
	Female		Caucas	ian	03	19 95	90		YRS.	MONTH	DAYS	HOURS M
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE	CITY OR		Y OF D	EATH	
11	New Jersey	7	USA		WIDOWE		Montg	omery	r			
10 CI	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OC				L KIND O	F BUSINESS
Sa	ndy Spring	g		ds Nursin		me	Ret/Hor					OME
USU 4 13a S	AL RESIDENCE IIF NUR	13MONT	OTHER INSTITUTION	CHEVY C	E ADMISSION)	13d. INSIDE CITY LIMITS?	131 88E PR	imkos	E ST	г.	2081	5
14. FA	THER'S NAME					15 MOTHER'S MAIDEN NAM						
7	Charlt or		AIDDLE	D o o d		Emilie	٨	AIDDLE			Carant	
	VAS DECEASED EVER	RIN U.S. ARA		Reed 16b SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS	5	1	Curt	15
l A	YES NOOR UNKNOWN)	I IF YES, GIVE	WAR OR DATES)	155-38-8	8017	HARRIET S. S	HAPIRO	SA	ME I	AS	# 13	
	18 CAUSE OF DEA	TH (Enter onl	y one couse per	r line for (a), (b), on	nd Icy			- 1			APPROXI	MATE INTERVA
	PART I. DEATH V		BY: CAUSE (a)	10 11	LANC	LOWOX DO	DUNG	200			15	an
	Conditions, if ony gave rise to im couse 10), stati underlying caus	r, which imediate ng the	DUE TO, Q	IR AS A CONSEQUI	202	no rear	A Sa	Du	2			
ICATION	gave rise to im couse 101, stati underlying causi	v, which imediate ng the e last.	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO	ONTRIBUTING TO	ENCE OF	T NOT RELATED TO THE TERM	IN AL DISEASE C	Y? 2	20b. IF YE	S, WEF	RE FINDIN	IGS USED
RIFICATION	gave rise to im couse (a), stati underlying caus	v, which imediate ng the e last.	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO	ONTRIBUTING TO	ENCE OF		200 AUTOPS	Y? 2	206. IF YE	S, WEF	RE FINDIN	IGS USED
CAL CERTIFICATION	gave rise to im couse (a), stati underlying caus	/, which mediate ng the e last. NIFICANT CO	DUE TO, Q (b) DUE TO, O (c) ONDITIONS CO 19b. COND 21b. TIME C HOUR A.	ONTRIBUTING TO	DEATH BUT	ON WAS PERFORMED	200 AUTOPS	Y? 2	20b. IF YE IN CERTI	S, WEF	RE FINDIN CAUSES	IGS USED OF DEATH
	gave rise to im couse (a), stati underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI 21d. IN JURY OCCUR	/, which imediate ing the e last. INIFICANT C ATION ACTION CAUSE OF DEAT CALEXAMINER)	DUE TO, Q (b) DUE TO, O (c) ONDITIONS CO 19b. COND TH OUR A P. 21b. PLACE	ONTRIBUTING TO I	DEATH BUT H OPERATION	ON WAS PERFORMED	ZOO AUTOPS YES N ED (ENTER NATURE	Y? 2	20b. IF YE IN CERTI	ES, WEF IFYING ES T PART 1 O	RE FINDIN CAUSES	IGS USED OF DEATH NO
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20.	gave rise to im couse in state underlying caus. PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [If EITHER, NOTIFY MEDIN AT WORK AT WORK 22a.] certify that (1)	/, which imediate ing the e last. NIFICANT CO ATION ADERLYING CAUSE OF DEAT CALEXAMINER) RRED ORK (H) is hospit.	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 19b. COND 19b. COND HOUR A. P. 21b. PLACE LAT HOME, STI	ONTRIBUTING TO	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURR	200 AUTOPS YES N NED (ENTER NATURAL CO	E OF INJURY II	20b. IF YE	ES, WEF	RE FIND IN CAUSES	IGS USED OF DEATH NO STA'
20.	gave rise to im couse (a), stati underlying caus. PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. IN JURY OCCUR WHILE NOTE AT WORK NOTIFY AT WAT	/, which imediate ing the e last. NIFICANT CO ATION ADERLYING CAUSE OF DEAT CALEXAMINER) RRED ORK (H) is hospit.	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 19b. COND 19b. COND HOUR A. P. 21b. PLACE LAT HOME, STI	ONTRIBUTING TO	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURR 211. LOCATION STREET 19 Ind that I (my) our) opinion of DEGREE ATTENDING	200 AUTOPS YES N NED (ENTER NATURAL CO	TY OR TOWN STAFF	N ITEM 18	ES, WEF	RE FINDING CAUSES ORPART 2) DUNITY from the	IGS USED OF DEATH NO STAT
20.	gave rise to im couse (a), stati underlying caus. PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING CHE ETHER, NOTIFY MEDICATIVE AT WORK AT WAT WAS UNDER AT WORK AT WORK AT WORK AT WORK AT WAT WAT WAT WAT WAT WAT WAT WAT WAT	ATION ATION ADERLYING CAUSE OF DEAL CALEXAMINER) ORR (His hospith	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 19b. COND 19b. COND 21b TIME C HOUR A. P. 21e PLACE IAT HOME, STI	ONTRIBUTING TO	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURR 211. LOCATION STREET 19 Ind that I (my) our) opinion of DEGREE ATTENDING	200 AUTOPS YES NED (ENTER NATURE) CI . to deoth accurred o	TY OR TOWN STAFF	N ITEM 18	ES, WEF	RE FINDING CAUSES ORPART 2) DUNITY from the	STAT
WEDICAL 230. B	gave rise to im couse 10), stati underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (# EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE ATWORK ATW 22a. certify that (saw the dece	ATION AT	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 19b. COND 19b. COND 21b TIME C HOUR A. P. 21e PLACE IAT HOME, STI	ONTRIBUTING TO DETINION FOR WHICH OF INJURY M. MONTH D. OF INJURY REET, FACTORY, OFFICE, 1 To deceosed from the deceosed	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURR 216 HOW INJURY OCCURR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 219 LOCATION STREET 210 LOCATION STREET 210 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 219 LOCATION STREET 210 L	200 AUTOPS YES NED (ENTER NATURE) CI Solution of the control of	TY OR TOWN TY OR TOWN STAFF PHYSICIA OWN	N ITEM 18	PART 1 O	DUNITY from the	STAI

LAYTONSVILLE, MD. 20879

DHMH - 16 50M 7/77 (VR A 15 (4))

FRANCIS H. BARBER

BP.

TENDING PHYSICIAN: The or offending physicion BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE

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И		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO).		ga.
9		EASED NAME ORPRING	5ano	2.	Soon	5	ich		0. DATE OF DEATH	8-2	0-85	10°P, M
	3.5EX	Ma	10	FRACE	ean	5 DATE C		. 6	AGE (IN YEARS LAST BIR			FUNDER 24 HRS
1	A BIR	Kore		76 CITIZEN OF Perman	ent Resid		DE OVER MARRIED DIVORCED	0 '	Montgome:		•	MD.
1	Je	or town of	Pk.	Was	HINGON C	d vent	or other institution	1	meat cu	4 4	12b-KIND OF INDUSTRY	BUSINESSOR
1	M.	id.	13b COUN PG	OTHER INSTITUTION	N GIVER SIDENCE BEFO 130 CITY OR TO Hyatts	WN	13d INSIDE CITY LIMIT YES 😿 NO 🗌		3 STREET ADDRESS / 8140 15		enue	183
3	20	Pan	Sun	g g	Suh	3/1	15. MOTHER'S MAIDEN	NAME	WIDDLE		Kim	
Ż	(4	VAS DECEASED EV ES, NO OR UNKNOWN! IONE		MED FORCES? E WAR OR DATES)	230 33	9950	Kyu Yon	Ch	Same as and (Bro		in law)
		Canditions, if a gave rise to cause (a), strunderlying ca	immediate ating the juse last	(b)_ DULIC,	DRAS A CONSECUTE DRAS A CONSECUTE SCUTE ONTRIBUTING TO	UENCE OF BAR	ACHLOLO:	H	AEMORRA	HACE	TRICLEAN NIN PART 110	
	NO	non										
2	CERTIFICATION	19a DATE OF OPE	RATION	19b CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO		WERE FINDING ING CAUSES O	
Ì		210. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER NOTIFY A	CAOSE OF DEA	TH HOUR	O phijury A.M. Month 1 P.M. S	DAY YEAR	i.	CURREI	D (ENTER NATURE OF INJUS	Y IN ITEM 18 PAR	IT I OR PART 2)	
	MEDICAL		URRED WHILE WORK	A 21e PLACE	OF INJURY TREET FACTORY, OFFICE	PARM PIC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		saw the dece abave, (I) (we	(I) (this haspite eased alive on e) (did) (did) hat	81	the deceased fram 2 2 199 y after death	87, or	nd that in (my) (aur) api	nian de	ath accurred an the do	te and have o	and fram the co	
,		22b. SIGNATURE	1	1001	~		-	IG X	MEDICAL STAF		274. DATE SI	10
		22d. PHYSICIAN'S	JOS	(+ /	M.)		22e ADDRESS W	AJI	HINGTN	ADVE	TRITIN	HOSPIM

CHIANT

DHMH - 16 60M 7/84 (VRA 15, 4)

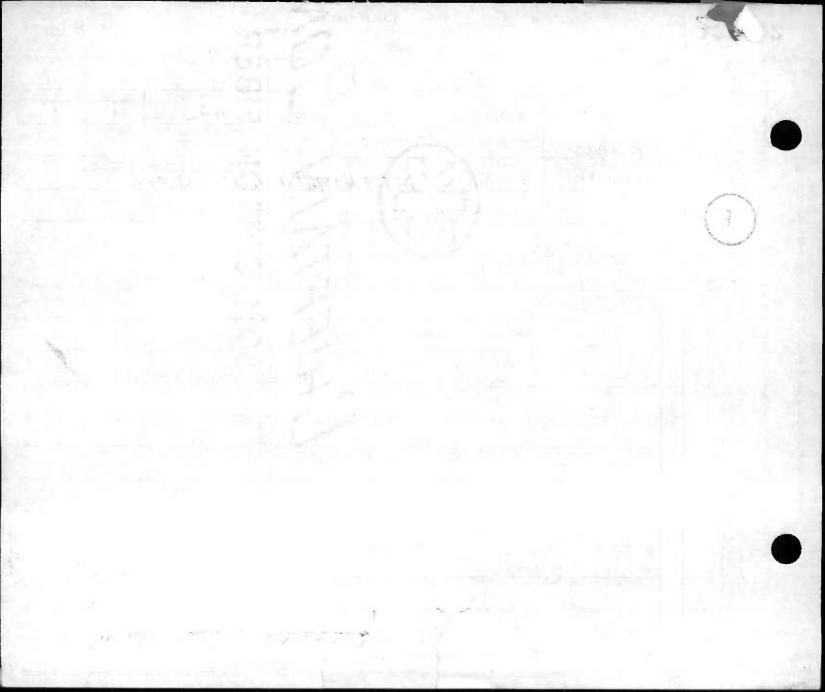
23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

COUNTY STATE

10/22/85 George Washington Adelphi PG Md.
14 FUNERAL DIRECTOR Himes/Rinaldi 11800 News Hamp. Ave. S.S. Mdug 23 1985



PRESTON ST. 201 W.

FOR

REGISTRAR

FIRST

LOUISE

P.G.

IMMEDIATE CAUSE 10

4 RACE

DECEASED NAME

Female

To BIRTHPLACE ISTATE OR FOREIGN

New Hampshire

LOCATION OF DEATH

JOUAL RESIDENCE OF NURSING

Inwas DECEASED EVER IN U.S.

PART I. DEATH WAS CAUSED BY

Canditions, if ony, which gave rise to immediate

230 BURIAL, CREMATION, REMOVAL

Burial

HES. NO OR UNKNOWN)

Takoma Park

Maryland

Stanley

FATHER'S NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 2h HOUR 18 FUDALA 85 SWANSON 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Aug. 24, 1918 66 Caucasian Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Montgomery WIDOWEDXX DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Registered Dietician Washington Adventist Hospital Hospital E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 20912 7051 Carroll Ave. Apt. 715 Takoma Park 15 MOTHER'S MAIDEN NAME Domicelia Majcher Fudala 17 INFORMANT Daughter ADDRESS 19240 Treadway Rd. 16h SOCIAL SECURITY NO. ARMED FORCES? Brookville, Maryland 263-38-9682 Barbara Roarke, 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and ic CARDIAC ARREST 5 minute DUE TO, OR AS A CONSEQUENCE OF 1 day

couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF				4
PART 2 OTHER SIGNIFICANT COM DIABITES	WONIC Read Faler	NOT RELATED TO THE TERMI	nal disease or coi	NDITION GIVEN IN PAI	RT Ira
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PAR	
21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR 1	OWN COUNT	TY STATE
220 L certify that (1) (this hospital) sow the decement live on obove, (1) (we) (did) (did not) v	lew the bady after death.	d that in (my) aur) opinion d	eath occurred an the	date and hour and from	that (1) we) land the couses stated DATE SIGNED
Manuns	1/3am	1 ATTENDING	MEDICAL STA	AFF &	-18-85

77e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL I DRTANT

> Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, Maryland

8-21-85

RAYMOND RASS

St. Hedwig Cemetery Bedford. Hillsboro, Hampshire 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION

ina Davidson Barda

Whenton, Md 20966

New STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 4 8

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20 40014		STATE REGISTRAR	MEI	DICAL EXAMIN	ER'S CERTIFIC	CATE OF DEAT	TH REG. NO.	2
234097		EASED NAME FIRST	1	MIDDLE	C LAST	2	OF ESTI- DEATH MATED	MONTH DAY YEAR
SARY, PLEASE AL DIRECTOR. YOUR FILES. IIN 72 HOURS	3. SEX	A. RACE ATHPLACE (STATE OR	5 DATE OF SIRTH MONTH DAY THE LY 2 7b. CITIZEN OF WH	YEAR 6. AGE (IN YE) LAST BIRTHD/ YEAR 1 O YEAR 1 AT COUNTRY?	MONTHS DAYS		DATE RONOUNCED DEAD BALTIMORE CITY OR	DAY DAY DAY DAY DAY
G/REPAIR FERNING	P	REIGN COUNTRY) 2nns ylvania	u.	S. A.	WIDOWED NE	VER MARRIED XXX	Mont	STYLENY MD
PAGE 3	U	OF LA VA	HE NOT IN SUCH PACE	PITAL, NURSING HOME	s Hop	FORM	AL OCCUPATION (TYPE OF DST OF WORKING LIFE) PLY CLERK	VORK 178 KIND OF KUSINESS OR INDUSTRY 1.S. GOV t
	13a S	ATE 13 13 TO UNIT	YNT	130. CITY OR TOWN	13d INSIDE C	NO / 0/	O O New +	45 mphy Apt
A FERRENCE	14 FA	THER'S NAME Philip	MIDDLE	Swiss	F	er's maiden name irst annie	MIDDLE	Olshinka
FEE DE FORM FORM SES LA SIGN OF		AS DECEASED EVER IN U.S. ARA	VAR OR DATES)	166 SOCIAL SECURITY	NO. IT INFORM	TAAN	11015 Buri	nley Terrace,
N ST., IIAI HOURS A HM 18, GN NG WITH SPMT: PAG BNE, DIVIS		Yes WW 18 CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED IMMEDIAT	y ane cause per line	1091-10-205 far (a), (b), and (c).)	Myoc	is Perlber	Silver Sp	BETWEEN ONSET AND DEATH
UTED WITHIN 24 IN PENCIL IN ITE IN PENCIL IN ITE IN ACAMINER PE		Canditians, if any, which gave rise to immediate cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF	of Myo	card	is l Dis	. Yxs.
ECORDS, BE EXECT ENDING" AND	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 1 a		
VITAL R. VITAL R. VORD "PROUD BE CHIEF AND INC. TO F. HE. NITOF HE. BURIAL.	CERTIFICATION	190. DATE OF OPERATION		ION FOR WHICH OPER				20 AUTOPSY? YES NO.
O ENTERED O		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.M.	MONTH DAY YEAR		OCCURRED (ENTER NA	TURE OF INJURY IN ITEM 18 PART	T OR PART 2}
DIVISION HIS CERTIFIC WRITING TH VARDED TO AGE 3 SHOU AGE 1201 PRIOR	MEDICAL	218 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY STATE
EXAMINER: 1 CERTIFICATE, ULD BE FORV DIRECTOR: P I, WITH THE SI		//	e of the remains desc		Autapsy		Inquiry , and in	n my apinion
SEATH CORE,		SKONAT OF TALL	6.0	()	MO D	OF	AL EXAMINER	ATERNA 10/700
	23a. B	DRIAL, CREMATION, REMOVAL 2	S. Roger Aua. 11.	1731, NAME OF CEA	AETERY OR CREMATO	ORY 23d LOC		ilver Spring, Md , county Virginia
DHMH - 17 (VR A15 ME (5))	² 00 23	NACO MISTEIN H 2 CARROLL STREE	EBREW MEM	ORIAL FUNER	AL HOME A		EGISTRAR 256 REGISTE	RAR'S SIGNATURE

STATE OF MARYLAND

DEPARTM	ENT OF	HEALTH	AND MEN	TALHYQ	ENE
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1	- S	TATE EGISTRAR		DICAL EXAMIN	IER'S CERTIFI					
		EASED NAME FIRST OR PRINT) Paulir	ne	S.	Taggart		OF ESTI-	MON1H	2 19 85	26 HOU
3	SEX Fe	male White	Apr. 19	1932 53 Y	ARS IF UNDER 1 YR.	IF UNDER 24 HRS.	2t. DATE " PRONOUNCED DEAD	8	2 1985	11:3
7	FOR	THPLACE (STATE OR EIGH COUNTRY) Tennessee	76. CÎTÎZÊN OF WH	IAT COUNTRY?	1	VER MARRIED DIVORCED	 BALTIMORE CITY OR Montgomery 	Cou	nty,	M
8		y or town of death Silver Spring	Holy Cro	PITAL, NURSING HOM CHITY, GIVE STREET ADDRESS) OSS HOSPITA	1	FOR	UAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)	F WORK 12	OR INDUST	SINESS
) 13i	o st Ma	ryland Mont		Burtonsvi	Lle YESX		604 Dowling	Drive	2086	6
0		HER'S NAME FIRST Burland AS DECEASED EVER IN U.S. ARA	Bruce	Sams		ER'S MAIDEN NAM FIRST ZORA	ADDRESS	S	Simmons	
	(YE		WAR OR DATES)	248-60-565			usband-(same	as :	13e)	
	NO	gave rise to immediate cause (a) stating the <u>underlying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS OF	(c)	AS A CONSEQUENCE		DN GIVEN IN PART 1 :0	9			
7	IFICATI	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	RATION WAS PERFOR	RMED?	X		20 AUTOPSY	NO [
	CALC	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	P.M.	MONTH DAY YEA	R	Y OCCURRED LENTER	NATURE OF INJURY IN ITEM 18 PAR	T I OR PART		
	MED	21d. INJURY OCCURRED WHILE DOT WHILE AT WORK	21e PLACE O STREET, FACTO	OF INJURY (ATHOME, ORY, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUN	TY	STATE
		220. I certify that I took above death resulted from None	al courses K		TITLE (Inspection	termined manner ,	DATE SIGNED	8/4/85	5
73	lo BI	RIAL CREMATION REMOVALES	mas D. Smi	123r NAME OF CE	ADDRESS_	111 Penr	OCATION		/S1	AUE WA
	4 FU	Burial A NERAL DIRECTOR NAME nes/Rinaldi Fun	ADDRESS	11800 N.H	. Ave.,		Silver Sprin YREGISTRAR 1216 REGISTI	RAR'S SIG		

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 1

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Taney

REG NO

20 DATE KNOWN

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MONTH

126 KIND OF BUSINESS

OR INDUSTRY Home

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. 10	ET,	(TYPE OR PRINT)	Mare	Sarety	~	M	Ta	NeTa	ney		OF DEATH	ESTI: MATED	2 8 WOWIH	18 5-3-8
120	DIRECTO DUR FILL DUR FILL DIN STRE	_	white	5. DATE OF BIRTH MONTH DAY July 15	YEAR 1916	6. AGE (IN YEA LAST BIRTHDA	Y) MONTHS		HOURS		20 DATE PRONOUN DEAD		MONTH	23 8
1	VECESSA UNERAL FOR Y WITHIN	70 BIRTHPLACE (STATE FOREIGN COUNTRY) Penna.	OR	U.S.A.	HAT COUN	TRY?	MARRIE		VER MARR DIVORC		9 BALTIM	ORE CITY	OR COUN	TY OF DEATH
	PAGE SEPILED,	Rockville	DEATH	11. NAME OF HOS			OR OTHE	RINSTITU	. 7 .	FOR A	JAL OCCUP WOST OF WORE	KING LIFE)	PE OF WORK	126 KIND OF OR INDU Home
21201	AND 3 TAND 3 TAN	USUAL RESIDENCE (# 130 STATE Maryland	136 COUNT Monts	r other institution, g ty come ry		DEFORE ADMISSION OR TOWN		YES C	NO [13e STRE	EET ADDRE	SS	Road	2085
RE, MD.	SEATH SEATH	14. FATHER'S NAME FIRST Robert		MIDDLE R.		ist igs		F	R'S MAIDI IRST rgare		M	lies		Houston

68 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS I (IF YES GIVE WAR OR DATES) Same as item 13. 161-20-6169 Joseph A. Taney. No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21d INJURY OCCURRED 21e PLACE OF INJURY 711 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Inspection 1 Autopsy and in my apinian death resulted fram: Suicide Hamicide ___ Undetermined manner Natural causes Accident TITLE (SPECIFY ACTUAL DATE SIGNATURE EXAMINER'S NAME 15 CONSIN TYPE OR PRINT)

BP1292

PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: PAGE

DHMH - 17 (VR A15 ME (5)) 20M 4/82

RDED TO THE CHIEF MEUTINGE 3 SHOULD BE USED AS A BUTE DEPARTMENT OF HEALTH

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc.

5130 Wisc. Ave., N.W. Wash. D.C.

73c. NAME OF CEMETERY OR CREMATORY St. Gabriel's Cemetery

Potomac

23d LOCATION

Maryland

STATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 - STATE REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO).	
	T. DECEASED NAME GUY	MIDDLE	ATUM	20 DATE OF DEATH A	AONTH DAY Y	26. HOUR
	MALE 4.R	BIACK S. DATE O		6. AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
2	CONTESVILLE PA	CITIZEN OF WHAT COUNTRY? 8 MARRIES WIDOWE	DIVORCED [9 BALTIMORE CITY OR	PRINSS	MONT MO.
	Silvers Prings S	NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) YUAN HANDR HEATH	CARE CENTER	120 USUAL OCCUPATION OF WORK FOR MOST OF COMPUTER OP	WORKING LIFE) TINDU	IND OF BUSINESS OR STRY Inknown
1	D. C. INCOUNTY	INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN WASh; AG TON, DO	13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAM	30.STREET ADDRESS /		99999
1	Henry	Tatum	FIRST	MIDDLE	Durrett	(ASI
3	WAS DECEASED EVER IN U.S. ARMED		Mr. Kenneth	ADDRES	on/1135 C	olumbia Rd
	PART I. DEATH WAS CAUSED BY IMMEDIATE C Conditions, if any, which gave rise to immediate conserving the underlying course lost. PART 2 OTHER SIGNIFICANT CON		natory fautelight new mo		O'3 .	
1	THE DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES [
1	GRICONTRIBUTING CAUSE OF EVATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 197	21s. HOW INJURY OCCURR	ED ENTER NATURE OF INJURY	IN ITEM IB PART I ORPA	R1 7)
	214 KNJURY OCCURRED	21e PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE, FARM, ETC.)	7H LOCATION	CITY OR TOW	OUN COUN	ITY STATE
	27s I certify that (I) (this begins); sow the deceased alive on above, (I) (and didd) (in 17st) wi	aux 10 19 85 6	that in (our) apinion of	deoth occurred on the data		m the couses stoted DATE SIGNED
	Matto	848X mi	2 ATTENDING	MEDICAL STAFF		aug 85

DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT

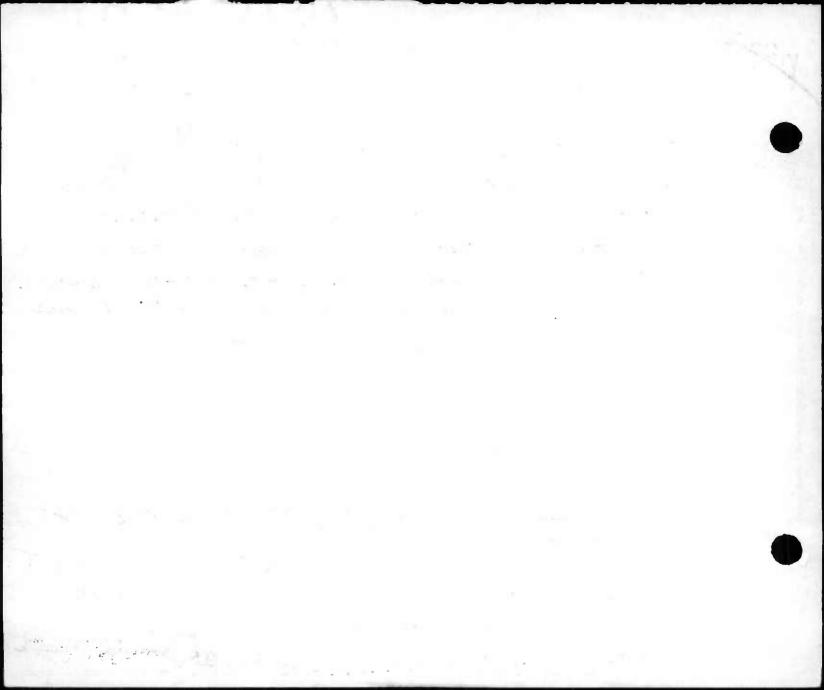
23b. DATE 8-22-85 230. BURIAL, CREMATION, REMOVAL Burial

231 NAME OF CEMETERY OR CREMATORY Church

SHOREFIELD ROAD WHEATON MD 23d LOCATION

STATE

Standard sville Va 256. DATE REC'D. BY REGISTRAR 258 REGISTRAR 100 AI AUG 21 1985 John T. Rhines Co., 3015 12th St. N.E., D.C.



Page 4 may be

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 houri-retained by the hasantal or ottending obusicion.	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The entired by the hospital or orending physician.	
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DHMH - 16 50M 4/83

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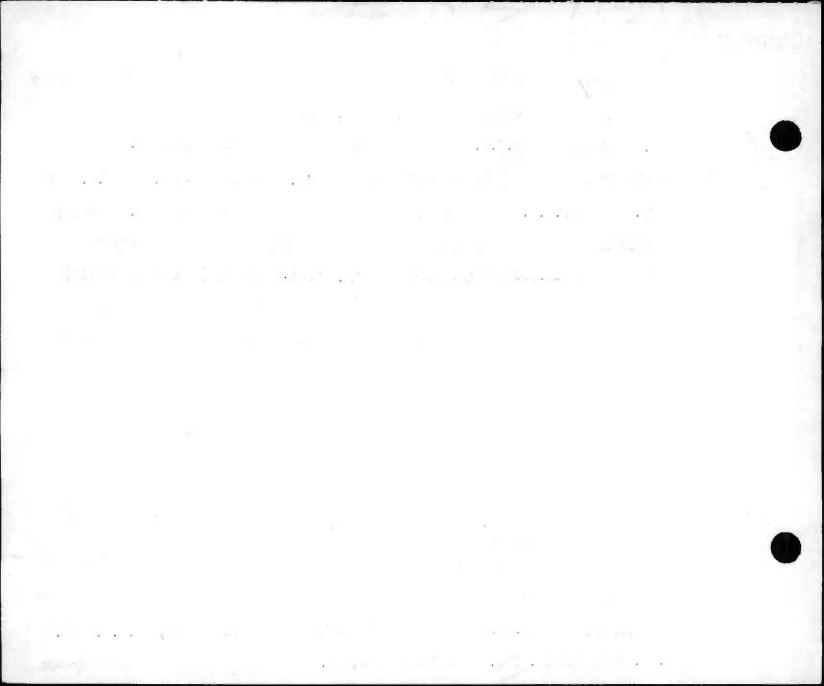
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages, I and 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. After the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MADYLAND D

	- 3	TAIL	OF M	MILIO	AND	Sept and
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	CEI	RTIF	CATI	OF	DEATH	

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1 -	REGISTRAR					REG.	INO.		
	CEASED NAME FR	est E	Telle	7	AYLOR	20 DATE OF DEATH	114/8	AY YEAR	26. HOUR 7:00 /
3. SE)	x FEMALE	4 RACE	er!	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAY	~	IF UNDER I YEAR	IF UNDER 24 H
(RTHPLACE (STATE OR FORE)	GN 76. CITIZEN OI	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY			
	N. CAROLINA	U.S.		WIDOWE	DIVORCED DIVORCED	MONTGO	MERY CO		F BUSINESS
7	AKOMA PARK	WAS	ICH FACILITY, GIVE STREET A	ADDRESS) DVENT	IST HOSP'L.	SECRETARY			NAVY
13a. S	AL RESIDENCE (# NURSING) STATE 131.	OUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW ADELPHI		13d Inside City Limits? Yes 💢 NO 🗌	13e STREET ADDRES 8602	s / zip code 22nd PL	. 2	0783
14 FA	ATHER'S NAME FIRST WILLIAM	MIDDIE	HODGES		15. MOTHER'S MAIDEN NA FIRST ANNABELL	MIDDIN E		SMITH	ī
	WAS DECEASED EVER IN L YES, NO OR UNKNOWN) (#	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	578-12-01		MR. WILLIAM	10	AME AS	ITEM #	13)
	18 CAUSE OF DEATH (E	nter only one couse po	er line for (o) b), one	d (c).1	t. D.	· len		APPROX BETWEEN	MATE INTERVAL ONSET AND DEA
		ote The DUE TO, (c)	OR AS A CONSEQUE		NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ONDITION GIVE	EN IN PART 1	POLICE
IFICATION	gave rise to immedicouse (a), stating underlying couse l	ote the ost. CANT CONDITIONS	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	20e AUTOPSY?	206. IF YES	, WERE FINDI	NGS USED OF DEATH?
AL CERTIFICATION	gove rise to immedicavse (o), stating underlying cause I. PART 2 OTHER SIGNIFICATION OF CONTRIBUTING CAUSE CAUSE OF CONTRIBUTING CAUSE CA	ofe the DUE TO, (c) CANT CONDITIONS S 196 CONI	ONTRIBUTING TO D DITION FOR WHICH OF INJURY A.M. MONTH DA	OPERATION		200 AUTOPSY? YES NO	20b. IF YES IN CERTIFY YES	, WERE FIND II YING CAUSES	NGS USED
MEDICAL CERTIFICATION	gove rise to immedicaves (a), stating underlying couse I. PART 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF ETIMER, NO IFFY MEDICALE 21d. INJURY OCCURRED WALKE NO IN WHILE	ofe the DUE TO, (c)	ONTRIBUTING TO D	OPERATION AY YEAR 19	n was performed	200 AUTOPSY? YES NO ERED (ENTER NATURE OF I	20b. IF YES IN CERTIFY YES	, WERE FIND II YING CAUSES	NGS USED OF DEATH?
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TO FUNERAL DIRECTOR: , shauld be detached for use with the State Dept. of Hea IMPORTANT: If Hem 21 is

DHMH - 16 50M 4/83

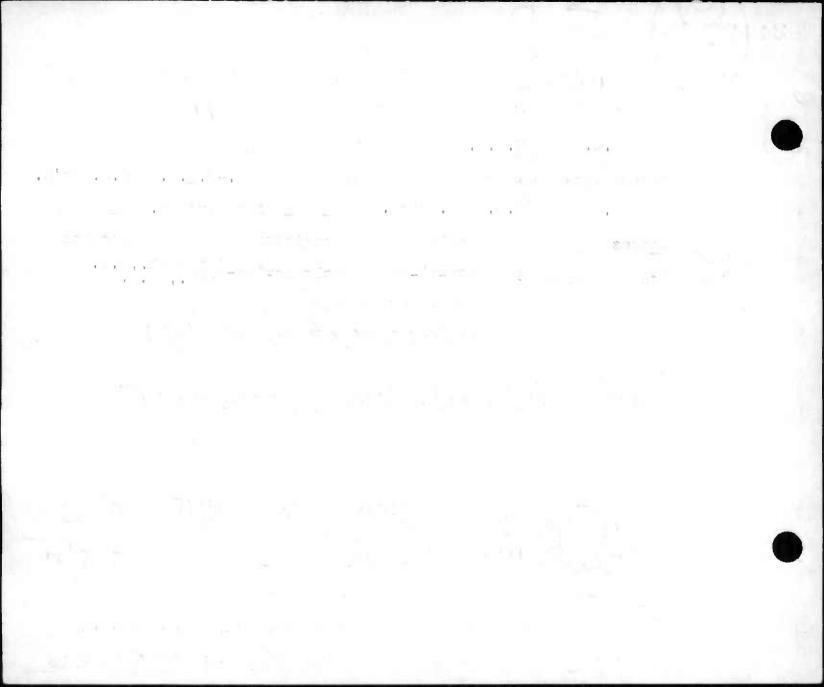
(VRA 15, 4)

TO HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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die	-	W		

١	•	REGISTRAR				CERTIF	ICAIE OF DEATH	1	REG. NO).		
1		EASED NAME	FIRST	N	IDDLE	- 1	AST	20	DATE OF DEATH	MONTH DA	AY YEAR	2h HOUR
1	(TYPE	OR PRINT)	050	20		Tai	llor		8/18/8	5		44 M
1	3. SEX	1		4 RACE		S. DATE	BRTH		AGE (IN TEAMS AST BAT		FUNDER 1 YEAR	HOURS AIN,
	1	male		Blac	K	5	- 7 - 14	Ž	171	YRS	JAINS. DATS	HOURS ANN.
A		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF V	VHAT COUN	ITRY?	NEVER MARRIE	o 🗆 🤊	BALTIMORE CITY O	R COUNTY	OF DEATH	
		S.C.		U.S.A		WIDOWE	DIVORCE	D 🗆	MUNTGO			MD
7	10 CI	TY OR TOWN OF DEAT	TH			STREET ADDRESS)	R OTHER INSTITUTIO	- (TYPE OF WORK FOR MOST OF	F WORKING LIFE		OF BUSINESS OR
4		L RESIDENCE (IF NURSIN		WASHIN		ADUEN	ZOH TEM	P- I	RetG.S.	A .	0.5.0	JOV U.
5	13a. S		13b. COUP			Hgts.	134 INSIDE CITY LIM YES	NITS? 13	STREET ADDRESS /	St.	207	43
1	14. FA	THER'S NAME		WIDDLE	LAS	T	15 MOTHER'S MAID				7 - 7101	1
1	T	homas			Tayl		Henri	.etta			Jonki	ıns
		(AS DECEASED EVER II		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		301 C	St.	S.W.	
	Y	08	WW	II	577-	<u>34-3796</u>	Myrtle	Tayl	or-Wash.	, D. (Ċ.	
		18 CAUSE OF DEATH PART I. DEATH WA	LEnter on	ly one couse per	line for (a), (1	b ond (c).)	111/1				BETWEEN	MATE INTERVAL ONSET AND DEATH
- 1				E CAUSE (a)	UN	M	orus	1	1	,	-	
				DUE TO, OF	AS A CONS	SEQUENCE PS	lesate	1/1	Mal Al	11N		
		Conditions, if ony, gave rise to imm		(b)			00/01-	140	VIV W	1		
		cause (a), stating underlying couse		DUE TO, OF	RAS A CONS	SEQUENCE OF						
		PART 2 OTHE SECN	and har	HAIDITIMAIS CO	NITPIPITING	TO DEATH-BUT	NOT RELATED TO TH	E TERMIN	AL DISEASHOR ON	TION ON	PART TO	act least
	CERTIFICATION	nus	TN	L/M.	2011	YU	ch	W	cm 9/	44	&	
-	ICA	19a DATE OF OPERAT	ION	19 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED		78e. AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
	RTI	71a. ACCIDENT WAS UNDE	RLYING [7 21b. TIME O	VALUE 3		21. HOW IN HIPY	CCUPPED	VES NOW	YES		NO [
7		OR CONTRIBUTING C	AUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	THE HOW MAJORITO	DCCORREC	(EMIER MATURE OF INJUI	IT IN TIEM IS TA	ATTORPART2)	
	MEDICAL	(IF EITHER, NOTIFY MEDIC		21e PŁACE (19	211 LOCATION					
	ME	WHILE NOT WHI	LE [OFFICE FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
		27s.1 certify that (I) (_	tal) attended the	decensed f	10m c 7	19	5	to		9	that (I) (we) lost
		saw the december	olive on	XII	2	V.	nd that (n (my) (aur) a	pinian dec	oth accurred on the do	ate and hour	and from the	couses stated
		226 SHOWATHE	id) (d d no	Them the poply	11	Y .	DEGREE				22c DATE	SIGNED
		The	2	5M1	111		ATTEND PHYSIC	DING CIAN TH	MEDICAL STAF	IAN 🗌	8//	7/12
		22d PHYSICIAN'S NA	ME (TYPE C	R PRINT)	JUU		27e ADDRESS					
		LEWIS	D	ENNIS, M	. a.		831 UNI	V. BL	UD. E. SIL	SPR	1818 H	D.
		URIAL CREMATION, F	REMOVAL	/	1		EMETERY OF CREMA	1	23d. LOCATION		COUNTY	STATE
				8/24/	85	HARMO	NY MEM. 1	-	LANDOY			D.
		INERAL DIRECTOR			ADD	RESS			REC'D. BY REGISTRAR	256. REGISTR	AR'S SÍGNAT	TURE
	1	1. J. WASHI	NGTO	MY DONS	4925 K	BURROCIGHS	AVE., N.E.	MIG	3 () 1085	THE A . JA	MANA D	lande 82

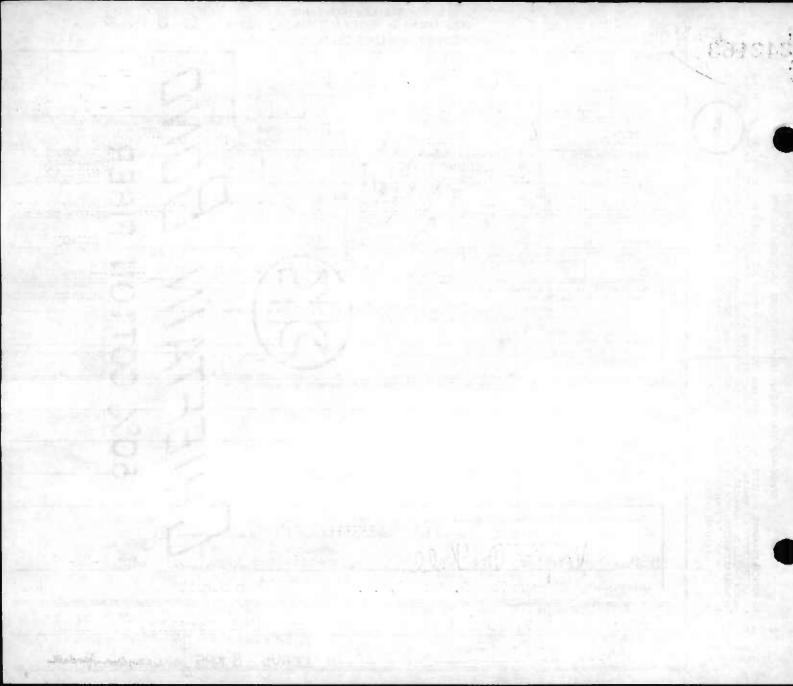


1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ne	0	NIO		

1	2163	_	REGISTRAR		7716	DIGALEA	WILLIAM.	V 2 CEVII	IIGAIL	OI DEA	REG N	-		
**	CTOO		CEASED NAMI	FIRST		MIDDLE		LAST			OF ESTI-	XX MONTH	DAY YEAR	2b. HOU
	Banksil			The Table	ROBERT	Whitm	an	TAYLO)R	72.1	DEATH MATED	□ 8-23	3-8519	
	DESERTE	I SEX		4 RACE	S DATE OF BIRTH		AGE (IN YEARS				2c. DATE	MONTH	DAY YEA	R 2d HOU
	E BOOK	Ma	ale	Cauc.	Oct. 4,	1929 5	5 YRS.	MONTHS DAY	S HOURS	MIN	PRONOUNCED DEAD	8-23	3-8510	6:30
	STEEL A	7m BI	RTHPLACE (S	TATE OR	76 CITIZEN OF W			MARRIED 🖎	NEVER MARK	OUED TO	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
	世界	Co	olorad	0	United	State	S	VIDOWED [DIVOR	CED 🗆	Montgomer	y Cour	nty	M
	PAGE PIED	B	ethesd	a		an Hosp	ital		ITUTION	FORM	AL OCCUPATION (T AOST OF WORKING LIFE) Les	YPE OF WORK	P Pumb of Supp	Tha
21201	P ANY AND 3 RETAIL	13a S		d Monte		13c CITY OR POOLE	TOWN	13d INS	IDE CITY LIMITS?		EET ADDRESS L2 Wootte	on Av		
RE, MD.	AND 2 SI	1	Frank	W]	hitman		ylor	G	eorgia		WIDDIE		Maune	У
MO	PAR I	16s. V	VAS DECEASEI	DEVER IN U.S. ARM	AED FORCES?	16b. SOCIAL			ORMANT		ADDRES			
ALT	AAG INSIGNATION		No			521-3	2-968	8 Ju	di W.	Tayl	or, same	as #	13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON S	The Cause of Death Market Constitution of the Carlon of th				E CAUSE (o) DUE TO, OI	Intrace R AS A CONSEC R AS A CONSEC	DUENCE OF	1 hemor	rhage			E		
RDS,	PICAL DICAL A BUR TH AND		PART 2 OTHER ST	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATEO	TO THE TERMINA	L DISEASE OR CONC	DITION GIVEN IN P	ART 1 (a)				
ECO	PENDING PENDING FF MEDICAL FE AS A BL HEALTH AN AL, CREMAIN	o Z						No.						
/ITAL R	상 등 글 S 유 등 \	TIFICAT	19a DATE OF		19b. COND	ITION FOR WH	ICH OPERAT	ION WAS PERI	FORMED?				20 AUTOPS	
ONOF	THE WO TO THE WO TO THE CHOULD BE ARTMENT	MEDICAL CERTIFICATION	UNDERLYING	NG CAUSE OF D	EATH P.A	A. MONTH DA	19		20.	ED LENTERN	IATURE OF INJURY IN ITEM I	8 PART 1 OR PAR	RT 2)	
DIVIS	WARDED VARDED SAGE 3 SI TATE DEP	MED	WHILE AT WORK	NOT WHILE C		OF INJURY ()	AT HOME,	211. LOCATION STREET	1		CITY OR TOWN	COL	UNITY	STATE
)	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		22a. I certi deoth result ACTUAL SIGNATURE	fy that I took charge ed from: Nature	of the remains de ol couses X,	Accident C	held on], Suicid	TITL	Inspection omicide E (SPECIFY) ASSISTA	Undete	Inquiry	DATE SIGNE	8-24-8	35
	O MEDIC XECUTE AAGE 4 S O FUNE! VFTER DE		EXAMINER'S (TYPE OR PRI	NT)		A. Kor		ADDRES	55		Street			
/84	BP BP	T	Burial	TION, REMOVAL 23	27, 198	5 Mon	ocacy	TERY OR CREM	tery	Bea	CATION Bllsville		rylan	state d
M	DHMH - 17 (VR A15 ME (5))	24. FU	JNERAL DIREC	Robert Roce	A. Pun kville,	phrey Mary	Fune land	ral 20850		G28	1985 Tutha		MATURE AND	Ma .



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEALTH CERTIFICATE OF DEATH

85-23495

1	-	REGISTRAR				CERTIF	ICATE OF DEATH		REG OO	901	
ŀ	DEC	CEASED NAME	FIRST	,	AIDDLE	l	AST	20. DATE OF	1100	DAY YEAR	2b. HOUR
Į	TYPE	OR PRINT)		10	7	T	14.		9.	7 - 85	1220 AM
ŀ	3 SEX	Worm	lan	4 RACE		5. DATE C	DE RIPTH	6 AGE IN	(EARS LAST BIRTHDAY)	# UNDER TYEAR	
I	3 36 4					MONTH	H DAY YEAR			MONTHS DAYS	HOURS MIN.
Į.		Male		Whi		Nov	. 22 1913		71 YR		
1		RTHPLACE (STATE OR OUNTRY)	FOREIGN		WHAT COUNTRY?	MARRIE	DE NEVER MARRIED	BALTIMO	RE CITY OR COU	NIY OF DEATH	
1		New York		U.S.		WIDOWE				Montgo	
1	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION K FOR MOST OF WORKIN	17b. KIND (Dept.
1		Rockville	9	Shads	& Grove	Ad	wantist Hospin	1 1	emist		nerev
		L RESIDENCE HE NURS		OTHER INSTITUTION.	CIVE RESIDENCE BEFOR		AND DESIGNATION	Lie CYPET	ADDRESS / 710 G		
I	13a. S	Md.	Mont	gomery	Gaither		13d. INSIDE CITY LIMITS?		ADDRESS / ZIP Co Summit Ha		20877)
t	14 FA	THER'S NAME	MOIT	gomery	Garther	Spark	15. MOTHER'S MAIDEN N		Smilling us	LL ROLL	20011
1		FIRST		MIDDLE	LAST		FIRST		WIDDLE	LA.	
4		William	******	G.	Thiel		Rosa	E	rederieka		bler
1		/AS DECEASED EVER ES, NO OR UNKNOWN)		E WAR OR DATES)	166 SOCIAL SECT	JRIIY NO.	17. INFORMANT		222°Su	mmit Hal	1 Rd.,
L		No		-	072-07-	2079	Lucille K:	Thielke	Gaithe	rsburg M	d.20877
Ī		18. CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), ar	nd (cs.)				APTRO)	NIMATE INTERVAL
1		PART I. DEATH W		E CAUSE (o)	NUCTIFIE	026	AN FALLUNZ				
ı			171111201111		DAS A CONSEQU	ENCE OF				100000	-1-1
ł		Conditions, if any	which	(/	ADVANIG	1 131	uny mer	conce	(NOMA.		
1		gove rise to im-	mediote								
١		underlying couse	0	DUE TO, O	R AS A CONSEOU	ENCE OF					
1				(c)							
١	z	PARI 2 OTHER SIG	NIFICANIC	ONDITIONS CO	DUTKIRALING IO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION	GIVEN IN PART 1	0
,	CERTIFICATION		71011	Tin collo	TION FOR MALIC	LOREBATIO	ON WAS PERFORMED	20a AUTO	DEV2 TALLE	YES, WERE FIND	NCE HEED
1	ICA	19a DATE OF OPERA	HON						INCE	RTIFYING CAUSE	
	RTIF	7/201	85			0 - 13	ICINY TRE	-	NO	YES	NO []
۱		210 ACCIDENT WAS UN		110110 1	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NA	LTURE OF INJURY IN ITEM	1B PART I OR PART 2}	
I	A	OR CONTRIBUTING		TH .		19					
ı	MEDICAL	214 INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY	STATE
1	X	WHILE NOT WE	HILE -	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM ETC)	STREET		CIII OR IOWN	Coom	31210
1		22e.1 certify that (1)		tal) attended th	a decoared from	7/20	10 95	tn 9	17	10 85	that (I) (we) lost
ı		sow the decens	ed alive on	8/7	19		nd that in (my) (aur) opinior	n death occurre	on the date and	haur and from the	
1		above, (I) (we) (didnidid no	1) view the body	ofter death.		DEGREE				ESIGNED
ı		228. SIGNATURE	(111	NX	17.		ATTENDING	MEDICAL	STAFF	2R. DAI	SIGNED
4		X	7 00		- 60			DIRECTOR	PHYSICIAN [8/7	185
1		22d. PHYSICIAN'S N		0.	2 ~~		27e ADDRESS				
ı		11/200	no 14	. DIA	L ' ' '	•	18/11 tai	WE G	HILLP 8	M. OLM	My Md.
1		URIAL, CREMATION,	, REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOC	ATION		
1		SPECIFY) Burial		8/12	/185 5	t. Matt	thews Luthera	n Talha	atfield	Niagara	N.Y.
1	24 FL	NERAL DIRECTOR		1 0/12/			Inc. o.		REGISTRAR 256. REG		TIME DO -
		NAME	hometore	.7 U	N. Tona	307 01 awanda	iver St. AUG	4-0 40	15 galiar	Jamacon -	The state of the s
1	Wa	attengel F	unzer	ar nome	N. TOUS	EDITEM	, N. I. AUG	1 6 5	25- (1	The state of the s	

DHMH - 16 50M 4/83 (VRA 15, 4)

. Av itte green til. 1979-177-2775 | Indition of the company of th result blekken meretal

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled a with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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440000	ŀ

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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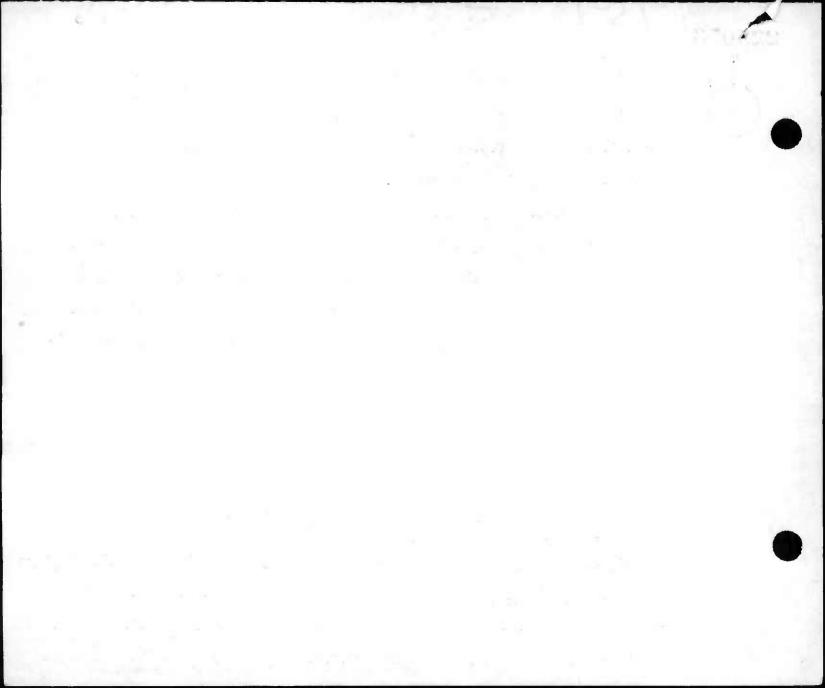
	REGISTRAR				CERTIF				REG. NO	1.			
	EASED NAME	sther		Marden	Thor	nas		20 DATE OF	DEATH A	8 P	78	35	910 L
3. SEX		4.	RACE		5. DATE O	F BIRTH	YEAR	6 AGE INY	ARS LAST BRITE	(DAY)	MONTHS	DAYS	HOURS M
1	Female		White		8	20	1896	88		YRS.			
CO	THPLACE (STATE OR	FOREIGN 76		WHAT COUNTRY	MARRIE		MARRIED -	9 BALTIMO				ATH	
	Jash. D.C.	1.71		S.A. HOSPITAL, NURSI	WIDOWE	NAME OF THE OWNER, THE	NORCED	12a USUAL O	Monte			KIND OF	BUSINESS
10 CITY	Y OR TOWN OF DE		(IF NOT IN SUC	CH FACILITY, GIVE STREE	T ADDRESS)		IIIUIION	TYPE OF WOR				USTRY	BOSHAESS
	.S. Md			oyes Driv		Md.		Homema	aker_				
13a ST	L RESIDENCE (IF NUR TATE Id.	136 COUNT	Υ	13t. CITY OR TOV		13d INSIDE C	NO [13e.STREET A				Md.	20
	THER'S NAME					15. MOTHER	S MAIDEN NA						
	Frank		bury	Marde	n]	Laura		WIDDLE		M	lar10	W
	AS DECEASED EVER	IN U.S. ARM	ED FORCES?	166: SOCIAL SEC	URITY NO.	17. INFORMA			ADDRES	SS			
NO	O OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	218-24-0	0235	Esther	Thoma	s Giff	ord (sam	e as	136	2)
	Conditions, if ony gove rise to im couse (a), stati underlying couse	mediote ng the	(b) <u><</u>	R AS A CONSEOU		sed o	arte	riose	lex	Be	è.	2	yrs
	gove rise to im couse (o), state underlying couse PART 2 OTHER SIG	mediote ng the e last. NIFICANT CO	DUE TO, 9	R AS A CONSEOU	DEATH BUT	NOT RELATED	O THE TERM		e or cond	ITION G			
	gove rise to im couse (a), state underlying couse	mediote ng the e last. NIFICANT CO	DUE TO, 9	R AS A CONSEO	DEATH BUT	NOT RELATED	O THE TERM	AINAL DISEASI	E OR COND	20b. IF YE	ES, WERE	FINDIN	GS USED OF DEATH?
CERTIFICATION	gove rise to im couse (o), state underlying couse PART 2 OTHER SIG	mediate ng the e last. NIFICANT CO	DUE TO, ONDITIONS CO	AS A CONSEON	DEATH BUT	NOT RELATED	D TO THE TERM	MINAL DISEASI	OR COND	206. IF YE IN CERT	ES, WERE	FINDIN CAUSES (GS USED
EDICAL CERTIFICATION	gove rise to im couse (o), stati underlying couse PART 2 OTHER SIG	mediate ng the e last. NIFICANT CO TION DERLYING CAUSE OF DEATH ICAL EXAMINER)	DUE TO, ODDITIONS CO. 196 COND. 216. TIME CO. HOUR A. P. 216. PLACE	ONTRIBUTING TO	DEATH BUT H OPERATION DAY YEAR 19	NOT RELATED	O TO THE TERM	AINAL DISEASI 200 AUTO	OR COND	206. IF YE IN CERT Y	ES, WERE IFYING C 'ES PARLLORF	FINDIN CAUSES (GS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to im couse (0), stati underlying couse PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTHY MED 21d IN JURY OCCUR	mediate mg the last. NIFICANT CO TION DERLYING CAUSE OF DEATH ICAL EXAMINER) RIED HIE HE	DUE TO, ODDITIONS CO. 196 COND. 216. TIME CO. HOUR A. P. 216. PLACE	AS A CONSEON ONTRIBUTING TO OTHER WHICH OF INJURY M. MONTH (DEATH BUT H OPERATION DAY YEAR 19	NOT RELATED N WAS PERFO	O TO THE TERM	AINAL DISEASI 200 AUTO	PSY? NO UTILITY TO THE OF INJURY	206. IF YE IN CERT Y	ES, WERE IFYING C 'ES PARLLOR F	FINDIN CAUSES (GS USED OF DEATH? NO
MEDICAL CERTIFICATION	gove rise to im couse (o), stati underlying couse (n) and	mediate ng the e last. NIFICANT CO STION DERLYING CAUSE OF DEATH (CAL EXAMINER) PRED HIJE CONTROL OF THE C	DUE TO, ONDITIONS CO. 19b. COND. 21b. TIME CO. HOUR A. HOUR A. P.C. LATHOME ST.	ONTRIBUTING TO IT ION FOR WHICE OF INJURY M. MONTH (OF INJURY REET, FACTORY, OFFICE	DEATH BUT H OPERATION DAY YEAR 19	NOT RELATED N WAS PERFO 21c HOW IN 211 LOCATI STREE	OTO THE TERM DRMED NJURY OCCUR	AINAL DISEASI 200 AUTO	E OR COND DPSY? NO TURE OF INJURY CITY OR TOW	206. IF YE IN CERT Y Y IN ITEM 18	ES, WERE ES, WERE IFYING C (ES PARLLORI COL	FINDIN AUSES (GS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION	gove rise to im couse (o), stati underlying couse (1). Stati underlying couse (1) and the couse (1) an	mediate mg the e last. NIFICANT CO IDERLYING CAUSE OF DEATH ICAL EXAMINER) RED HILL CAUSE OF DEATH ICAL EXAMINER) (IRED) (Ithis hospito ised of live on did)	DUE TO, 9 ONDITIONS CO 196 COND 216. TIME CO HOUR A. P. 21e. PLACE JATHOME ST	ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH IS OF INJURY REET, FACTORY, OFFICE 19	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED N WAS PERFO 21c HOW IN 211 LOCATI STREE	ORMED ON 19 OPINION ATTENDING PHYSICIAN (200 AUTO YES :	DPSY? NO DETURE OF INJURY CITY OR TOW STAFI	20b. IF YE IN CERTY YIN ITEM 18	IVEN IN P ES, WERE IFYING C (ES	FINDIN AUSES (GS USED OF DEATH? NO
MEDICAL CERTIFICATION	gove rise to im couse (o), stati underlying couse 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTIFY MED 21d IN JURY OCCUR AT WORK NOTIFY 1 WORK NOTI	mediate mg the e last. NIFICANT CO STION DERLYING CAUSE OF DEATH (CALEXAMINER) PRED HIJE OF DEATH (CALEXAMINER) AME (THY CALEXAMINER)	DUE TO, 9 ONDITIONS CO 196 COND 216, TIME CO HOUR A. PORTON CONDITIONS STATEMENT OF THE PLACE INTERPRETATION OF	ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH (M. OF INJURY REET, FACTORY, OFFICE TO older death	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED N WAS PERFO 21c HOW IN 211 LOCATI STREE 22e ADDRE	DIOTHETERA DRMED NJURY OCCUR ON 1 19 Opinion ATTENDING PHYSICIAN (200 AUTO YES RED (ENTER NA death occurre	DPSY? NO DITURE OF INJURY CITY OR TOW	20b. IF YI IN CERT Y IN ITEM 18	ES, WERE IFYING C (ES	PART 2) Om the c	GS USED OF DEATH? NO STAIL S
MEDICAL CERTIFICATION	gove rise to im couse (o), stati underlying couse (1). Stati underlying couse (1) and the couse (1) an	mediate mg the e last. NIFICANT CO STION DERLYING CAUSE OF DEATH ICAL EXAMINER) RED HILE SIRED HILE HILE AME ITHE CAUSE OF DEATH ICAL EXAMINER) RED AME THE CAUSE OF DEATH ICAL EXAMINER)	DUE TO, g CONDITIONS CO 196 COND 216. TIME CO HOUR A. P. 21e. PLACE IAT HOME STI 196 The body 236. DATE	ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH (M. OF INJURY REET, FACTORY, OFFICE of deceased from office deceased from office deceased from	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	21c HOW IN 21c HOW IN 21l LOCATI STREE 22e ADDRES 924	ON 19 OPINION STATE OF THE TERM OF THE TER	200 AUTO YES RED (ENIER NA death occurre	PSY? NO TURE OF INJURY CITY OR TOW STAFI PHYSICI 7d. S.	20b. IF YE IN CERTY YIN ITEM 18	ES, WERE IFYING C (ES	PART 2) UNITY Om the control of DATE S 2091(GS USED OF DEATH? NO STAIL S
MEDICAL CERTIFICATION	gove rise to im couse (o), stati underlying coust underlying coust underlying coust of the coust	mediate mg the e last. NIFICANT CO STION DERLYING CAUSE OF DEATH ICAL EXAMINER) RED HILE SIRED HILE HILE AME ITHE CAUSE OF DEATH ICAL EXAMINER) RED AME THE CAUSE OF DEATH ICAL EXAMINER)	DUE TO, 9 ONDITIONS CO 196 COND 216. TIME CO HOUR A. PLACE INTHOME ST 216. PLACE INTHOME ST The body	ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH (M. OF INJURY REET, FACTORY, OFFICE of deceased from office deceased from office deceased from	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED N WAS PERFO 21c HOW IN 211 LOCATI STREE d that in (my AGREE 22e ADDRE: 924	ON 19 OPINION ATTENDING PHYSICIAN (SS. 12 Column	200 AUTO YES RED (ENIERNA death occurre DIRECTOR	DPSY? NO DITURE OF INJURY CITY OR TOW STAFI PHYSICI 7d. S.	20b. IF YI IN CERT Y IN ITEM 18	ES, WERE IFYING C (ES	PART 2) Om the c	GS USED OF DEATH? NO STAIL S

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL

Hines/Rinaldi

11800 NewHampshire Ave.S.S.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

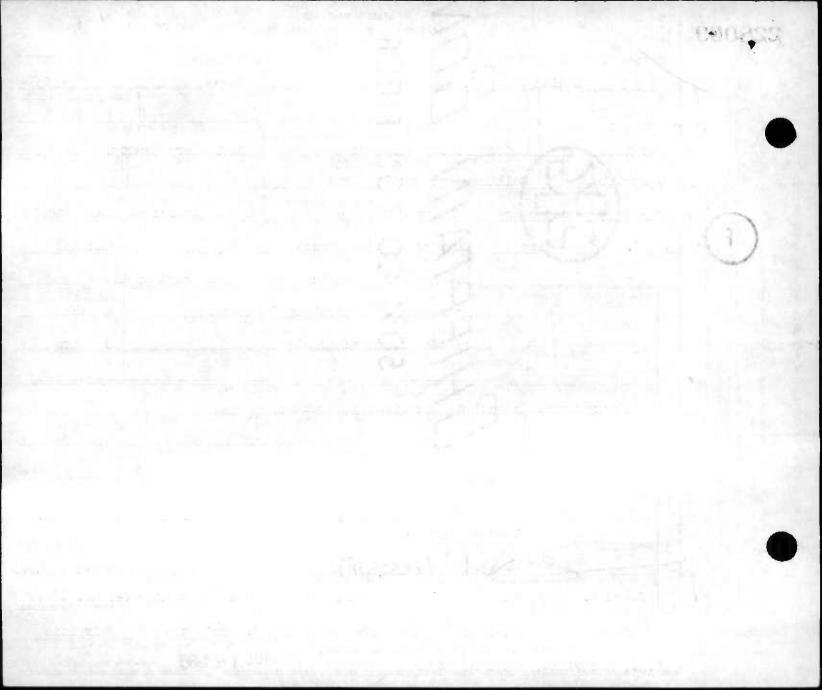
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fine	J	- 6	-

Louise Timanus Thomas Female Caucasian S. DATE OF BIRTH MONTH DAY YEAR August 20, 1888	20 DATE OF DEATH MONTH DAY YEAR 26 HO	DILID
Louise Timanus Thomas A RACE S. DATE OF BIRTH MONTH DAY YEAR AUGUST 20 1888	1 0 1005	JUK
Female Caucasian S. DATE OF BIRTH MONTH DAY YEAR August 20, 1888	August 8, 1985 8:	15p
Female Caucasian August 20, 1888		DER 24 HR
	96 YRS DATS HOUX	MI
BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
Maryland United States WIDOWED TO DIVORCED	Montgomery County	
© CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION 126 KIND OF BUSI	INESS (
Rockville Collingswood Nursing Home	(TIPE OF WORK FOR MOST OF WORKING THE)	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN 133. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
Maryland Montgomery Gaithersburg YES ₩ NO □		2087
4. FATHER'S NAME FIRST MIDDLE LAST FIRST	ME MIDDLE LAST	
E. Clay Timanus Grace	Hutchins	5
60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES)	ADDRESS	
No 214-74-8965 Douglas Thom	nas Son same as 13e	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROXIMATE IN BETWEEN ONSET A	ND DEAT
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Dehydration & Electrolyte Im	mbalance 2 weeks	3
due to, or as a consequence of		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM Urinary Tract infection, Decubitus ulceration 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED	LINAL DISEASE OR CONDITION GIVEN IN PART 110	
Urinary Tract infection, Decubitus ulceration 190, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 210, ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 210, ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c, HOW INJURY OCCURR	200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO YES NO	ATH?
LORGOVERNOUS CONTROL OF OR OF STATE OF	RED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19		
WHILE AT WORK ON WHILE AT WORK AT WORK OF DEATH OR OF THE FACTORY OFFICE FARM ETC.) OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) STREET 21l LOCATION STREET	CITY OR TOWN COUNTY	STATE
22a.f certify that (1) XX haspital) attended the deceased from October 9, 1984		(W) lo
sow the deceosed olive on $Alignst 1$ 19.85 , and that in (my) (a) opinion of the contract of	death occurred on the date and hour and from the causes	stoted
	MEDICAL STAFF	
THE SEGNATURE DEGREE ATTENDING	X DIRECTOR PHYSICIAN August 9	
THE SIGNATURE DEGREE ATTENDING		
THE SIGNATURE DEGREE ATTENDING PHYSICIAN D THE SIGNATURE THE S	Ave., Gaithersburg, Md. 2	. 19
THE SEGNATURE DEGREE ATTENDING PHYSICIAN D The ADDRESS James R. Moore Jr. 207 Brookes	Ave., Gaithersburg, Md. 2	. 19
James R. Moore Jr. 207 Brookes 114 BURIAL CREMATION REMOVAL 1236 DATE August Burial 12, 1985 DEGREE ATTENDING PHYSICIAN COMPANIENCE 1200 PHYSICIAN COMPA	Ave., Gaithersburg, Md. 2	087
James R. Moore Jr. 207 Brookes 11. BURIAL CREMATION REMOVAL 1236 DATE August 12, 1985 Arlington National Co	Ave., Gaithersburg, Md. 2	, 19 087: state

DHMH - 16 60M 7/84 (VRA 15, 4)

to Fundsat Diffector. A should be deteched for use with the State Dept. of Heo

Health and Mental Hygiene prior to burial, cremation, or



STATE

LITYPE OR PRINTS

3. SEX

REGISTRAR DECEASED NAME

17210

Jo. BIRTHPLACE (STATE OR FOREIGN

Wales

William

4 RACE

STATE OF MARYLAND CERTIFICATE OF DEATH

Thomas

5 DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

02

85

YRS

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County

IF UNDER 1 YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED

COUNTY

Medical

22¢ DATE SIGNED

72 Aug

IN CERTIFYING CAUSES OF DEATH?

2b HOUR

126. KIND OF BUSINESS OF

4:40A. M

20906

Tolay

STATE

2n DATE OF DEATH

& AGE (IN YEARS LAST BIRTHDAY)

YEAR

DIVORCED [

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should be deta MPORTANT

Montgomery General Hospital Olney Tool & Dye Maker Construction JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 15026 Candover Court Silver Spring YESXX Maryland Montgomery 15 MOTHER'S MAIDEN NAME LAST Not Available Gomer Thomas Mr. Francis W. Thomas. Son. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES. NO OR UNKNOWN) HE YES GIVE WAR OR DATES! 6005 Kirby Road, Bethesda, Maryland 178-01-5137A No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY Pulma hary Fiby IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Respiratory failure Canditians, if any, which gave rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF 5.6 p SIS & preumonis underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION Proboble GINOME 04 colon not removed 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 71n ACCIDENT WAS UNDERLYING 216 TIME OF INTURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OF TOWN AT WORK AT WORK March 22 AUGUST 220 | certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an 21 August 19 85 abave, (1) (we) (did) (did not) view the bady after death. and that in (my) (mer) apinian death occurred an the date and have and from the causes stated 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF Bustan of 40 DIRECTOR PHYSICIAN 22e ADDRESS werld 5. BelAVAI GUSTAVO 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Metropolitan Crematory Alexandria Cremation

Robert A. Pumphrey Funeral Homes,

Bethesda, Maryland

MIDDLE

White

United States

Th CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

John

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

01

MARRIED X NEVER MARRIED

REC'D BY REGISTRAR 25% REGISTRAR'S SIGNATURE

Virginia

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

times where the

or dutional factors was probled

Single Section 1997

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HELIENE

6	27	-03	9	- 2
2	3	4.9	1	7

- STATE REGISTRAR			JEI AM	CERTIF	ICATE OF DEATH	REC	3. NO.		
I. DECEASED NAME (TYPE OR PRINT)	Myrtl	.e Lê	e The	mpson	AST	Aug.	H MONTH	1985	12:15 P
3. SEX FEMALE		4. RACE WHITE		S. DATE C	DF BIRTH 10, 1, 1911 YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
70. BIRTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CIT	GOMER		MD.
GAITHERSB			HOSPITAL, NURSI HEACILITY, GIVE STEE STNUT ST		DR OTHER INSTITUTION	120 USUAL OCCU	PATION ost of working ady	G LIFE) 126. KIND (INDUSTRY Reta:	of Business OR
USUAL RESIDENCE (# 130. STATE Md	NURSING HOME COU	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFO	Sburg	13d. INSIDE CITY LIMITS?	14 STREEL ADDREST	nut St	t. 2087	77
14 FATHER'S NAME FIRST Albert 160 WAS DECEASED B	F.		LAST 10mpson	LIRITY NO	15. MOTHER'S MAIDEN NA FIRST Virgie 17. INFORMANT	MIDD		Vatkins	ST
(YES, NO OR UNKNOWN		IVE WAR OR DATES)	577-26-		J. Franklin	Thompson	Gaithe	ersburg,	Md.20879
PART I. DEAT	TH WAS CAUS	only one couse per ED BY: ATE CAUSE (0)	70 . 0.	end (ci.)	rrest			APPROI BETWEEN	NIMATE INTERVAL ONSET AND DEATH
PART 2 OTHER	immediate stating the ause last.	(b)	R AS A CONSEQUENCE AS A CONSEQUENCE ON TRIBUTING TO	UENCEOF	ertery NOT RELATED TO THE TERM	Olisease OR C	CONDITION	GIVEN IN PART I	ars
190. DATE OF OP	ERATION			H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	INCE	YES, WERE FINDS	
OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OCT WHILE AT WORK	CAUSE OF DI	HOUR A.I ER) P.I 21e. PLACE ((AT HOME STR	M. MONTH (M. DF INJURY EET, FACTORY, OFFICE e deceased from		21f. HOW INJURY OCCUR	RED (ENTER NATURE OF			STATE (we) lost
	ceosed olive e	Winest The body OR PRINT)	0	85,0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 220. ADDRESS 19241 Month		STAFF	8/8	aithersbu
230. BURIAL, CREMATI	ON, REMOVA	AUG . 10	,1985	Fores	EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOW Gaithe	rsbur	g Mont.	Md. STATE

DHMH - 16 50M 4/82

BP.

TO FUNERAL DIRECTOR: After

24. FUNERAL DIRECTOR FRANCIS H. BARBER LAYTONSVILLE, MD. 20879 (VRA 15, 4)

The feminal sector page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYOJENE CERTIFICATE OF DEATH

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60	V	-	-

- wanty by helico

DECEASED NAME FIRST				REG. NO			
	MIDDLE	l.	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 H	IOUR
(TYPE OR PRINT) Ma	argaret B.	Tier	ney	August 1	3, 1985	5 10	:45R
. SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UND	DER I YEAR IF UN	NDER 24 HRS
Female	Caucasian	Marc		81	YRS	S DATS HOU	MIN.
D. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? B	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF D	EATH	
Maryland	United St	ates WIDOWE	D DNORCED	Montgome	ry Cour	ntv	MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	12. LICHAL OCCUPATION	361	KIND OF BUIL	INESS OR
ensington	4405 Fran	klin Str	eet	(TYPE OF WORK FOR MOST OF Postmaste	r Po	ostal	Serv.
SUAL RESIDENCE (IF NURSING HOME IS STATE 136 COL		OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /			
	tgomery Ken	sington	YESX NO	4405 Fran	klin S	treet/	2089!
FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NAM	WE		+ AST	
John	M.S. Bo	wie	Anna	Blan	che	Crawf	ord
(YES NO OR UNKNOWN) I (IF YES. (ARMED FORCES? 166 SOC	IAL SECURITY NO	17 INFORMANT	ADDRE	SS		
NO	217	-03-5567	Diantha B.	Powers,	same as	s #13	
18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), and (c)				APPROXIMATE O	NTERVAL AND DEATH
PART I. DEATH WAS CAU	CED DV		cular Failu	ire	T	nonths	
IMMEDI							
Conditions, if any, which	DUE TO, OR AS A CO		eart Disease			vears	
gave rise to immediate			art Disease				1.0
cause (a), stating the underlying cause last	DUE TO, OR AS A CO						
			ctery Athero			years	
PART 2 OTHER SIGNIFICAN					ITION GIVEN IN	PART lia	
	Arthritis		Pulmonary		7		
Mieumacoid			N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WEF	RE FINDINGS L	ISED
19a DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO			IN CERTIFYING	CAUSES OF D	EATH?
190 DATE OF OPERATION	19b. CONDITION FC	K WHICH OPERATIO		YES NO	YES	N(
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR		YES 🗌	NO	
	21b. TIME OF INJURY HOUR A.M. MO		21c HOW INJURY OCCUR		YES 🗌	NO	
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	71b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJUR	NIH DAY YEAR 19	ZII. LOCATION	RED (ENTER NATURE OF INJUR	YES T	N (
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CORRECT CAUSE OF CONTRIBUTION OF COURSED 21d INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MO P.M.	NIH DAY YEAR 19			YES T	NO	
OR CONTRIBUTING CAUSE OF ((IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	71b. TIME OF INJURY HOUR A.M. MO P.M. 71e. PLACE OF INJUR (AT HOME STREET, FACTO	NTH DAY YEAR 19 RY RY OFFICE, FARM, ETC.)	711. LOCATION STREET	RED (ENTER NATURE OF INJUR	YES THE TEM 18 PART I O	NO	STATE
19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF COMMENT OF COURSED OF COURSE OF CO	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e PLACE OF INJUR (AT HOME STREET, FACTO	NIH DAY YEAR 19 RY RY OFFICE, FARM, ETC.) ed from	211. LOCATION STREET	RED (ENTER NAKORE OF INJUR CITY OR TO	YES	OUNTY , that (STATE It (a) last
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this b) sow the decepsed alive of above. (1) (0) (1) (1) (1) (1)	71b. TIME OF INJURY HOUR A.M. MO P.M. 71e. PLACE OF INJUR (AT HOME STREET, FACTO	NTH DAY YEAR 19 RY RY OFFICE, FARM, ETC.) ed from 19 19 19 19 19 19 19 19 19 19 19 19 19 1	211. LOCATION STREET 70 719 72 72 73 74 75 76 76 76 77 78 78 78 78 78 78	RED (ENTER NAKORE OF INJUR CITY OR TO	YES THE VINITEM IS PART 10	OUNTY , that (STATE STATE STATE STATE
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF COMMENT OF THE CONTRIBUTION O	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e PLACE OF INJUR (AT HOME STREET, FACTO autol) attended the decease on 1000 attended the decease	NTH DAY YEAR 19 RY PRY OFFICE, FARM, ETC.) ed from 19 11 19 11 11 11	211. LOCATION STREET J J J J J J J J J J J J J J J J J J J	CITY OR TO	YES THE TEM IS PART TO	OUNTY that (from the cause	STATE Is (lost as stated)
OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this had sow the decepted alive above, (1) (1) (1) (1) (1) (1) 27b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTO autol) attended the decease on 1997 30 not) view the body after dec	NTH DAY YEAR 19 RY RY OFFICE, FARM, ETC.) ed from 19 19 19 19 19 19 19 19 19 19 19 19 19 1	211. LOCATION STREET 19 19 10 that in (my) (M) apinion of the physician	CITY OR TO	YES THE TEM IS PART TO	OUNTY , that (STATE STATE STATE Stated Stated
21d INJURY OCCURRED WHILE AT WORK AT WORK 27d. 1 certify that (I) (this has sow the decepted alive above, (I) (1) (1) (1) (27b. SIGNATURE) 27d. PHYSICIAN'S NAME (17P.	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTO On 101) view the body after dec	NTH DAY YEAR 19 RY RY OFFICE, FARM, ETC.) ed from 19 19 19 10 11 10 11 11 11 11 11 11 11 11 11 11	211. LOCATION STREET 70 719 721 721 721 722 723 724 725 726 727 727 727 727 727 727	CITY OR TO	YES TO YIN ITEM 18 PART 1 O	ounty ounty from the cause Aug. 14	STATE It (a) last as stated lieD , 198
OR CONTRIBUTING CAUSE OF INTERPRETATION OF STREET	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e PLACE OF INJUR (AT HOME STREET, FACTO autol) attended the decease on 1849 30 not) view the body after dece	NTH DAY YEAR 19 RY RY OFFICE, FARM, ETC.) ed from 19 19 19 10 11 10 11 11 11 11 11 11 11 11 11 11	211. LOCATION STREET 19 19 10 that in (my) (M) apinion of the physician	CITY OR TO	YES TO YIN ITEM 18 PART 1 O	ounty ounty from the cause Aug. 14	STATE It (a) last as stated lieD , 198
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXAMP 210. INJURY OCCURRED 210. I certify that (1) (this had always) Sow the decepsed alive above. (1) (1) (1) (1) (1) (1) (1) 210. PHYSICIAN'S NAME (TYP) HARTIS M. F	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e PLACE OF INJUR (AT HOME STREET, FACTO autol) attended the decease on 1849 30 not) view the body after dece	NTH DAY YEAR 19 RY RY OFFICE, FARM, ETC.) ed from 19 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	211. LOCATION STREET 70 719 721 721 721 722 723 724 725 726 727 727 727 727 727 727	city or to	YES TO YIN ITEM IS PART I O	ounty it hat (from the cause the DATE SIGN Aug. 14 Beth.	STATE It () lost as stated ED ,198!
OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIP 21d INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMIP AT WORK AT WORK 72d. I certify that (1) (this his sow the decepted alive obove, (1) (SE) (Add 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYP HARTIS M. I	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e PLACE OF INJUR (AT HOME STREET, FACTO Cutol) attended the decease on the body after decease (Cutol) wire the body after decease (Cutol) Comprising To	NTH DAY YEAR 19 RY RY OFFICE, FARM, ETC.) ed from 19 bith 19 23c NAME OF C	211. LOCATION STREET 210. 19 72 and that in (my) (and apinion of the physician of the phy	CITY OR TOU A COMPANY OF INJUR CITY OR TOU (ITY OR TOWN 133d LOCATION	YES THE TENTE PART TO THE TENTE	ounty trom the cause OR DATE SIGN Aug. 14 Beth.	STATE STATE STATE Md. STATE

Homes, P.A. Bethesda, Maryland 20814

certificate be executed within 24 hours ofter DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN, The low TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and contributed by detached for use as the burial-transit permit. Then please remove carbonopapers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

MAPORTANT: If them 21 is marked or them? I show only injury, or other traumatic event, the medical

in by the funeral director, page 3 be filed within 72 hours offer death

within 24 hours ofter death. Page 4

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physician

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE

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6.00	0	-	0	
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Male Black Mar. 26, 1938 47 VRS. MARRIED NEVER MARRIED NEVER MARRIED MONTGOUNTY OF COUNTY O	TOUNTY Tak KIND OF BUSINESS OF THE LAST Kimble Ee-8504 16
3. SEX 4. RACE Black Mar. 26, 1938 47 VRS. WIDNEY WIDNE	FDEATH County 126 KIND OF BUSINESS (INDUSTRY) LAST Kimble E = 8504 16
3. SEX Male Black Mar. 26, 1938 47 VRS. Married (State or foreign counity) Washington D.C. USA Widowed D. Divorced D. With the profit in such facility, give street address of the nustritution (if not in such facility, give street address) Silver Spring Holy Cross Hospital William Maryland Montgomery Maryland Montgomery Mont	FDEATH COUNTY 17b. KIND OF BUSINESS (INDUSTRY) Ceet Kimble Ee-8504 16
Male Black Mar. 26,1938 47 YRS. BIRTHPLACE (STATE OR FOREIGN COUNTRY) BLACK MARRIED NEVER MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MONTGOMETY OF MON	County 12b. KIND OF BUSINESS OF INDUSTRY Ceet Kimble Ee-8504 16
BIRTHPLACE (STATE OR FOREIGN COUNTRY) B. MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTRY OR COUNTRY)	County 126. KIND OF BUSINESS OF INDUSTRY Ceet Kimble Ee-8504 16
Washington D. C. USA WIDOWED DIVORCED Montgomery C TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 170 USUAL OCCUPATION (If we or work for most of working life) Silver Spring Holy Cross Hospital Retired OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d, INSIDE CITY LIMITS? 13e, STREET ADDRESS 13b, COUNTY 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET ADDRESS 8504 16th Street 15, MOTHER'S MAIDEN NAME FIRST MIDDLE MID	IZE KIND OF BUSINESS (INDUSTRY) Ceet Kimble Ee-8504 16
Silver Spring Holy Cross Hospital Retired Silver Spring Holy Cross Hospital Retired OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136. CSTATE 136. COUNTY 136. CTY OR TOWN Maryland Montgomery Silver Spring Molle 137. CTY OR TOWN 138. STREET ADDRESS Maryland Montgomery Silver Spring Molle 138. STREET ADDRESS 8504 16th Str 15. MOTHER'S MAIDEN NAME FIRST William Noble Arlene 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) VES 16. CAUSE OF DEATH (Enter only one couse per line for Io), (b), and (c).) PART I. DEATH WAS CAUSED BY.	IZE KIND OF BUSINESS (INDUSTRY) Ceet Kimble Ee-8504 16
Silver Spring Holy Cross Hospital Retired DSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. STATE 135. CITY OR TOWN Maryland Montgomery Silver Spring FATHER'S NAME FIRST MIDDLE William Noble Arlene 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) YES 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (cit) PART I. DEATH WAS CAUSED BY:	Zog/O ceet Kimble Ee-8504 16
OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Montgomery Silver Sprend No 8504 16th Str M. FATHER'S NAME FIRST William Noble Arlene 16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) YES 17 INFORMANT Mrs. Geraldine Tolson-wif Yes 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY.	Kimble Ee-8504 16
Maryland Montgomery Silver Spr#Fing NO 8504 16th Str M. FATHER'S NAME FIRST William Noble Noble Arlene 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) Yes 18. CAUSE OF DEATH (Enter only one couse per line for Io), (b), and (c).) PART I. DEATH WAS CAUSED BY.	Kimble Ee-8504 16
M. FATHER'S NAME FIRST William Noble Was Deceased Ever In U.S. Armed Forces? (yes, no or unknown) Yes Noble 15. MoTher's Maiden Name First Arlene Arlene 16. Social Security No. Yes 17. INFORMANT Mrs. Geraldine Tolson-Wift Social Security No. Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	Kimble Ee-8504 16
William Noble Arlene Was deceased ever in u.s. Armed Forces? I/Ob Social Security No. If Informant Mrs. Geraldine Tolson-wiff Yes Yes Wes foreward gates) Yes Recause Of Death (Enter only one couse per line for (o), (b), and (c).) PARTI. Death was CAUSED BY:	Kimble e-8504 16
WAS DECEASED EVER IN U.S. ARMED FORCES? IGNE WAR OR OATES) (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) YES 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), part I. DEATH WAS CAUSED BY:	e-8504 16
yes 577 52 6310street, Silver Spring, Mar 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY:	e-8504 16
PART I. DEATH WAS CAUSED BY:	
	BETWEEN ONSET AND DEAT
IMMEDIATE CAUSE (0) Candral divisi	30 min
DUE TO, OR AS A CONSEQUENCE OF	70.7
Conditions, if ony, which (1) Comments attended the	20 rens
gove rise to immediate	0
couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 110
196 DATE OF OPERATION 196. CONDITION OR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES 100 NOT YES	VERE FINDINGS USED
196. CONDITION OR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WIN CERTIFYIN	NG CAUSES OF DEATH?
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AN CONTRACTOR OF CAUSE OF CAUS	I OR PART 2)
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OR CONTYNION OF COURSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER) 210. PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	
22a. I certify that (1) this haspital) attended the deceased from	35_, tho (1) (we) I
down the did not see the body ofter death.	nd from the couses stated
226 SIGNATURE DEGREE	221. DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN MEDICAL STAFF	8/19/25
PHYSICIAN DIRECTOR PHYSICIAN 1226 ADDRESS	1 0.11103
M 1 C D	
Mark > Rosen, WD Sluer Spring, MyD	
236 BURIAL, CREMATION, REMOVAL 111. DATE 231. NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OF TOWN	OUNTY STATE
Burial / Aug., 24, 1985, Mount Olivet Cemetery Washin	
24. FUNERAL DIRECTOR 1/1/ 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR	
Stewart Auneral Home-4001 Benning Road AUG 26 1985 gille Mind	. 70 4 44

BP DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion should be detached for use as the buriol-transit permit. Then please remove carban papers. P with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, or removal.

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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MAKYLAND 21201	executation in the	ond (might) Poges
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	O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be execution after a facinity of their attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and comment in the little should be detached for use as the burial-transit permit. Then please remove carbanopopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT If them 21 is marked or them 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HELIENE

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1-	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HYS		Z O	3 0	Com
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3 SEX	(4. RACE		S. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Female	White		Dec	. 14 1969	75	YF		HOURS MIN
	RTHPLACE (STATE OR FOREIGN OUNTRY) New York	76 CITIZEN OI	A A	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE O	city or cou gomery		MD
10 CI	or town of death	Montg	HOSPITAL, NU ICH FACILITY, GIVE S OMETY	rsing HOME (treet address) Genera	or Other INSTITUTION 1 Hospital	12a USUAL OCC LIVPE OF WORK FOR Secreta	UPATION RMOST OF WORKIN	12h KIND C INDUSTRY Lred Scho	of Business OR ublic of Conn.
13a S	AL RESIDENCE (IF NURSING HON TATE 136 CT	e or other institution ountry ontgomery	13c CITY OR Olney	TOWN	13d. INSIDE CITY LIMITS? YES本本 NO 🗆	8020 La	RESS / ZIP C	ODE Drive	20832
14 FA	THER'S NAME Joseph	WIDDIE	Hayes	13	IS MOTHER'S MAIDEN NAM		IDDIE	Wils	on
	AS DECEASED EVER IN U.S	GIVE WAR OR DATES)	049-34		17 INFORMANT				18708
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	211 PHYSICIAN'S NAME (ik	m.1	22e ADDRESS	MEDICAL DIRECTOR []		27t. DATE 8/2	29/85
-	Fules Lodi				18111 Princ			orney, Mo	
23a B	URIAL, CREMATION, REMO SPECIFY) Burial	7AL 236 DATE 8-31-1			n Cemetery	23d LOCATIO CITY OR 11 Bron	OWN	COUNTY	lew York

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPERIES

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1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		11
	EASED NAME	FIRST		WIDDLE	- L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	OR PRINT)	Wilmer		Α		Lmann	August 25			4:17p M
3. SEX			4 RACE		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		UNUER I YEAR	
	Male		Cauca	asian	July		63	YRS		
	THPLACE ISTATE	OR FOREIGN	Th CITIZEN OF	WHAT COUN	TRY? 8.	NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
	sconsin		United	States			Montgon	vorus Co	nun tu	Marylama
	Y OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NU	IRSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION T	126 KIND	OF BUSINESS OR
F	Bethesda			CH FACILITY, GIVE S			Elec. Eng			I. D.
USUA	L RESIDENCE (# N		OTHER INSTITUTION	rban Ho	BEFORE ADMISSION)					
13a S		136 COUN		13c CITY OR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
	ryland	Monte	omery	Bethe	sda	YES NOXX	Lane Bethe	sda, Mar	yland	1 20817
14 FA	THER'S NAME FIRST	,	AIDDLE	LAST		FIRST	MIDDLE		1/	AST.
	Albert			U11m	ann	Lena			Mew	√S
	AS DECEASED EV		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	a G. Ullman		Lande	on I and
	Yes		11	393-18	-0528	Bethesda, Ma	rvland 2081	7 (Wife		II Lane
	18 CAUSE OF DE	ATH (Enter an	v one couse pe	r line (o). (b	o, and (c)				BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH	WAS CAUSE	DBY.	12/10		ED			1	hom
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			DUE TO: 9	AS A CONS	EQUENCE OF	11 1)	.0.		11	1 mm - M.
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	Colonary Willist Rest Wellow 1 7 miles									
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CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?			INGS USED
TIF							YES NO NO	YES		NO 🗆
CER	210 ACCIDENT WAS	UNDERLYING	21b. TIME C			21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM IB PAR	T I OR PART 2)	
	OR CONTRIBUTING	_			DAY YEAR					
MEDICAL	21d. INJURY OCC			OF INJURY	19	21f LOCATION		-		
MEI		WHILE		REET, FACTORY OF	FICE, FARM ETC.)	STREET	CITY OR TO	NWN	COUNTY	STATE
		WORK							TOTAL	
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3	traw the dece	eased alive on	view the bady	atter death.	19 8-5 or	d that in By Your apiniar	death accurred on the d	ote and havr o	and fram the	e couses stated
	TE SIGNATURE	10	1			DEGREE			22c DAT	ESIGNED
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	24 PHASICIANS	HAME WHO	PRINCIP	- un	() book	22e ADDRESS	DIRECTOR THIS	IAIV L	10/-	10/0
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00					22 NAMES OF T	5272 River R		a, Mary	.and Z	.0010
	URIAL, CREMATIC	N, REMOVAL	236 DATE AL	ugust	PE NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
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DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR After this should be deteched for use as the buwith the State Dept. of Health and M

TO HOSPITAL

(VRA 15, 4)

MPORTANT

Memorial Park 74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes PA. 7557 Wisconsin Avenue Bethesda, Maryland 20814

k Rockville Maryland
| 250. DATE REC'D. BY REGISTRAR | AUG 28 1855

AND AND ON BURNING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDENE

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1	REGISTRAR		CEN	THICATE OF DEATH	REG. NO	٥.		
5	Marqueri	QUERITÉ	S.	ÛPPERCUE	20. DATE OF DËATH	8-14	-85	4 20/p
	Temala	Wh	ita 1.	TE OF BIRTH DAY VEAR TO T		YRS		HOURS MIN.
/	New Jersey	76 CITIZEN OF US	A	RRIED NEVER MARRIED	9. BALTIMORE CITY O	gcounty of	DEATH	MD.
	ocity or town of DEATH Silver Spring	11. NAME OF I		AE OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF RETIFECT	E WORKING LIFE) IT	NDUSTRY	Govt.
	14 FATHER'S NAME	11A	13c CITY OR TOWN Silver Sprin	13d INSIDE CITY LIMITS? YES NO 1	316 Hillmoo			901
2	Charles	Model	Sherman	Mary	B.		Kue	bbler
1	160 WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES GIV	MED FORCES? E WAR OR DATES! N/A	166 SOCIAL SECURITY No.	77:11: 0 7	on) ADDRE 852 Jppercue Walk		ratio	n Ave., 21793
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((b) DUE TO, OI	R AS A CONSEQUENCE O	sclaves.	rminal disease or conf	DITION GIVEN I	N PART 110	
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	TION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? YES NO S	IN CERTIFYING CAUSES OF D		
1000	270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	CIA CIA	m, month day ye m,	AR 19 211 LOCATION	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 21	
	WHILE NOT WHILE AT WORK		EET FACTORY OFFICE FARM ETC	STREET	CITY OR TO	1111	COUNTY	STATE
	22a.1 certify that (1) thits has a sow the deceased alive an above, (1) (we) (did) (did no	2/ (4	19 85	1y 29 , 1985 and that in (my) (our) opinio	, 10	.4 198 ote and hour and	d from the c	
	22h SIGNATURE SELLEV	e f	elle	DEGREE ATTENDING PHYSICIAN			P/	1985
	1274 PHYSICIAN'S NAME (TYPE O		My,MD	22e ADDRESS 5454 Wis	sc. Ave., Che	vy Chas	e, Md	. 20815
4	770 BUDIAL CREMATION DEMOVAL	1235 DATE	173, NAME C	E CEMETERY OR CREMATOR	224 LOCATION			

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

(VRA 15, 4)

DHMH - 16 60M 7/84

(SPECIFY) Burial Aug. 17, 1985

Rock Creek Cemetery

Washington, DC

24 FUNERAL DIRECTOR
Hines Rinaldi Funeral Home

11800 N.H. Ave., Silver Spring, Md.

AUG 1 6 1985

neral director, page 3 in 72 hours ofter death

on and completely filled in by the fu is. Pages 1 and 2 should be filed with

injury, or other

WPORTANT: If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, at

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The la retained by the hospital or attending physician

STATE OF MARYLAND

POR
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

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	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO					
1.	. DECEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	AONTH DAT	Y YEAR	2b. HOUR	0	
L	Iantha Iantha	Briggs	Va	n Diver	Augus	t 30	185	3:30	a.	
3	I. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 I	HRS.	
	/ Female	White	June	20 1897	88	YRS.	DATS	HOURS A	n IN.	
7	e. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	FDEATH			
L	Maryland	U.S.A.	WIDOWE	DIVORCED [Montgo			MD.	
T	8 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		126. KIND OI	F BUSINESS	OR	
1	Gaithersburg		Drive		Teller		Bar	ık		
1	JSUAL RESIDENCE (IF NURSING HOME OF	NTY 13t. CITY O	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS					
1		gomery Gait	hersburg	YES X NO	l Tulip Dr	. (20	0877)			
1	4. FATHER'S NAME	MIDDLE	AST	15. MOTHER'S MAIDEN NA	WE		LAS1			
4			red	Maggie	May	6	Davi			
T		VE WAR OR DATES)	L SECURITY NO.	17 INFORMANT	ADDRES	1 Tu	lip Dr			
-	No		42-9727	Ruth L. Barr	nes Gai	thersh	niro Mo	1.2087	7_	
ı	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for IUI. D BY:	ib godiey .				BETWEEN	MATE INTERVAL		
		IMMEDIATE CAUSE (0)								
		DUE TO, OR AS A CON	HEEGLENCE OF							
1	Conditions, if any, which	(b)								
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ı		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I									
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR		N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		_	
1	E				YES NO NO	IN CERTIFY!	NG CAUSES	OF DEATH?		
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П	CIF EITHER, NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY		21f LOCATION	CITY OR TOW	N	COUNTY	STAT	E .	
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Т	THE STATURE .	1.		DEGREE			22c. DATE	-		
1	- Trederich	proman, n	ww.	ATTENDING PHYSICIAN	MEDICAL STAFF		8-3	10-8	8	
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	Parallel March					
	Frederick Mod	mau, M.D.		2991 Olney-	Sandy Spring	Rd.,	Olney	,Md.20	2832	
2	30. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STAT		
	Burial	9/2/185	Forest	Oak Cemetery	Gaithersb		lontg.	Md.		
2	14 FUNERAL DIRECTOR Salell	Sandison 316,	E. Diamor	nd Ave. 250. DAT	E REC'D. BY REGISTRAR 2	Sb. REGISTRA	AR'S SIGNAT	URE		
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100 12 10	I. DECE	ASED NAME IRE			MIDDLE		AST VELSOR	2a DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
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02000	3. SEX	EMALE	4	RACE WHI	TE	DEC.	12, DAY 1890 EAR	6 AGE (IN A) RS LAST	BIRTHDAY)	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
000		HPLACE (STATE OR F	OREIGN 71	USA	WHAT COUN	MARRIE WIDOWE	NEVER MARRIED	MONTE	OR COUNTY	OF DEATH	MD.
B B A.		LVER SPRING		11. NAME OF HOSPITAL, NURSING HOME OR OTHER			(TYPE OF WORK FOR MOS	ATION STOF WORKING LIFE	12b. KIND O INDUSTRY NURS	F BUSINESS OR	
200	USUAL 30 STA MI	RESIDENCE HE NURS	13b COUNT	HER INSTITUTION	OLNEY	BEFORE ADMISSION)	13d. INSIDE CITY LIANTS? YES NO	13e.STREET ADDRES	TCHELL	ORS FOR	
MARKET S	14 FATH	EVERETT	AA (DDLE	SMITH	I	KATHERINE		COI	RNELL LAS	20832
A STATE OF THE STA	16a WA. (YES.	NO UNKNOWN)	IN U.S. ARMI (IF YES, GIVE V			6187	OGDEN VELSO		S # 13		
100 S 201 W. PRESTON ST. BAN 100 S 100 He alter confliction 100 M	P	Canditions, if ony, gove rise to imm cause (a), statin underlying couse	which nediote g the lost.	anly one cause per line far (a), (b), and (c) SED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training To DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TRAINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TRAINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TRAINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TRAINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TRAINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TRAINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TRAINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TRAINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TRAINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TRAINING TO DE						MATE INTERVAL DNSEL AND DEATH	
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MISSION AG PHYS arterida the thus to the bound An	WE	MINJURY OCCURE		21e PLACE (AT HOME STE	OF INJURY REET, FACTORY, OF	FICE FARM, ETC)	21f LOCATION STREET	CITYOR	TOWN	COUNTY	STATE
D HOSPITAL OR ATTENDOR nationed by the hospital or O FUNERAL DIRECTOR: At hopfid be destuched for use a inth the Store Dept. of Health APORTANT: If hem 21 is ma	27	o.l certify that (1) sow the decease abave, (1) (1) b. SIGNATUBE OF PHYSICIAN'S NA	ed olive on do) (did nat)	view the body	5	19.85 . ar	d that in (my) (aur) apinio DEGREE ATTENDING- PHYSICIAN 27e ADDRESS 2309 SHOK		AFF	0)	
BP	(SPE	BURIAL		AUG. 5			EMETERY OR CREMATORY N MEM. PARK	LONG		00.	K, N. YORK
DHMH - 16 60M 7/84 (VRA 15, 4)		ANCIS H.	BARBER	LAYT	onsv i li	LE, MD.	20870	ATE REC'D. BY REGISTR.	AR 256 REGISTR	ear's signati	fandete ."

IKENIE VELSE 214136 75 38 8186 वास्ता हित्या वार्यास्ताच्या भारत WHITE E GOLDH ALL

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

ty injury, ar other traumatic event, the medical

MPORTANT: If them 21 is marked at the UE site.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

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	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY GENE CERTIFICATE OF DEATH									
	1. DEC	CEASED NAME FIRST	MIDDLE LAST			LAS1	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR					
	(TYPE	ORPRINT) Parothea	P		To	ennings		8 10		0 85 11:51pm		
	3. SE>		4 RACE			OF BIRTH	6 AGE (IN YEARS LA		ONTHS DAYS	IF UNDER 24 HOURS	A HRS	
		7	W		MONT	d O4	81	YRS	DATS	HOURS	MIN.	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF WHAT COUNTRY? 8 MAR		8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
2		Massachusetts	U.	S.	WIDOWI	ED NORCED] /louty	omens	100		MD.	
S	800	Ver Spring		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cataloger Fed'l Gov't					
-	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GWE RELIGENCE METORS	NAMES AND THE	200	1					
7		Md. Mtg		Silver S			10000 Bru		lve. 2	20910		
1	M FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	15	LAS	T		
1	4	Harry	Pearson			Sophie	Migo	Harrison				
7		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17			17 INFORMANT	ADDRESS 14217 Peartree				I.n.	
		(IF YES GI								Spring, Md.		
	TION	gave rise to immediate cause (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF (c)										
1	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICE			OPERATIO	IN WAS PERFORMED	200 AUTOPSY? YES NOW YES NO YES NO					
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21c. HOW INJURY OCCI	URRED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	T I OR PART 2)						
	MEDICAL	216 TN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY OFFICE F	ARM, ETC)	211 LOCATION STREET	CHTY	OR TOWN	COUNTY	51A	ATE	
270. I certify that (1) this haspital) attended the deceased fram 1000000000000000000000000000000000000								he date and haur		that () (we causes state		
								STAFF YSICIAN []	8/18	SIGNED 8	5	
		GALEN HALLICK 11125 Rockville Pike										
		URIAL, CREMATION, REMOVAL SPECIFY) Removal	23b. DATE 8/13/8	2007	NAME OF C	CEMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOW	N	COUNTY	STA	ATE	
	24 FU	INERAL DIRECTOR				250 D	ATE REC'D. BY REGIST	RAR 25b. REGISTR	AR'S SIGNAT	URE		
		Anatomy Bo	oard	ADDRESS	Balto	o., Md. 111	2 0147 4008	A 1. K.	land Than	della	-	

STATE OF MARYLAND

3 5 0 8

	1-	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO										
		OR PRINT)	Hel		A.	Viki	ings tad	20 DATE OF DEATH AU	g. 8 19	85	26 HOUR 8:30 I	PM
	Female		Cau casian		S DATE OF BIRTH Aug. 4 1904		6 AGE (IN YEARS LAST BE	PRIHDAY) IF UN	DER YEAR	" DI IDEN SWI	HRS WIN	
1		RTHPLACE (STATE COUNTRY) German		7b. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEAT			MD.	
1		lver Sp		Sylv	HOSPITAL, NURSIN	GHOME OR OTHER INSTITUTION POR Nursing Home		17a USUAL OCCUPAT		ZE KIND O	Post	OR
>		AL RESIDENCE (IF NO	IRSING HOME OF LIZE COURT	other institution	ROCKVI		13d INSIDE CITY LIMITS? YES K NO	130 STREET ADDRESS	ZIP CODE Federa]	L St	• 20	853
1	14 FA	THER'S NAME Richa	rd	P.	Anderso	n	15 MOTHER'S MAIDEN NA	te		Koh	1	
		VAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	217-52		Cynthia	A. Schule	7- 4305		deral	
		18 CAUSE OF DEATH Enter only one couse per line for rot, (b), and related PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac Arrest								APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH		
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF Arterioscleratic Heart Disease DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF										
	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of Multiple Strokes										
1	CERTIFICATION	196 CONDITION FOR WHICH C			OPERATIO	N WAS PERFORMED	YES NO	YES NO YES NO NO				
1	MEDICAL CE	21a ACCIDENT WAS U OR CONTRIBUTING ((IF EITHER NOTIFY ME 21d INJURY OCCU	CAUSE OF DE	P. PLACE	M. MONTH DA M. OF INJURY	19	211 LOCATION					_
	WE	AT WORK AT V	WHILE		REET, FACTORY OFFICE F		STREET	CITY OR TO		COUNTY	STATI	E
		27a I certify that saw the dece abave, (1) (we 27b. SIGNA UK	ased alive on		111 V 2/6	-17	Tat in (my) (our) opinion DEGREE	death occurred on the o	late and hour and	224 DATE	SIGNED	d
		22d PHYSICIAN'S	VAME (TYPE	20	CM	0	Tark Comment	MEDICAL STA	CIAN		g.0,1	.985
		Walter E. Goozh, M.D. 2309-Shorefield Rd. Wheaton, Md.										
	23a B	BURIAL, CREMATION BURIA	1 REMOVAL		10-		incoln Com.	23d LOCATION CITY OR TOWN Brentw	ood Pr	Geo	. Md.	E

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rem

24 FUNERAL DIRECTOR 1 LOY'S F.H.

ADDRESS Mt.Rainier,

em. Brentwood Pr. Geo. Md.

25 Date REC By REGISTRAN 256 REGISTRAN'S SIGNATURE

Julia Davidson Anglese

Let'r 160 miles A large and an arrange of the same of the A CONTRACTOR OF THE PARTY OF TH 1 of a few of me - and the second of the sec ce de la companya de The Property and the Control of the CERT IS AND THE PROPERTY OF BE NOT SERVE TO SERVE BREE, O.

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/	REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR			CERTIFICATE OF DEATH	REG. NO.			
DECEASED NAME	FIRST	MIDDLE	LAST p	20. DATE OF DEATH MONTH	DAY YEAR	26 HOU	R
(TYPE OR PRINT)	Ethe	/ M.	Vinson	8-	22-85	23	a
3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 HF
Female	2	Caucasian	12 - 3/- 2/	63 YRS	MONTHS DATS	HOURS	MI
BIRTHPLACE (STATE	ORFOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH		

Washington. Montgomery County 126 KIND OF BUSINESS OR Sales Representative/ Tile Co.

13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Rockville 1006 Scott Avenue 20851 Maryland Montgomery YESXX NO [4 FATHER'S NAME LAST MIDDLE Chiswell William Leonora John Myers MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Sharon (YES. NO OR UNKNOWN)

110	J70-22-0047 J04 Delmail Road, ROCKVIII	e, MD. ZUUJI
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	IN ONE COUSE PER LINE TO 101, (b), and ICE TORY FAILURE TE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF PREUMENIA, SEPTICEMIA	4days
gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS ACONSEQUENCE OF PLE MYECOMA	4 1/2 yas

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUT	OPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS	
				YES 🗌	NO	YES	NO [
	216, TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	216 HOW INJURY OCCURRE	D (ENTERN	ATURE OF INJUR	RY IN ITEM 18 PART I OR PART ?	1
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				B.	

216 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM ETC) CITY OR TOWN COUNTY STREET

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from

ATTENDING

DEGREE

MJ) MD.

23b. DATE August 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 LOCATION Burial

1985 Parklawn Memorial Park Maryland Rockville 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes,

Rockville, Maryland

DHMH - 16 60M 7/84

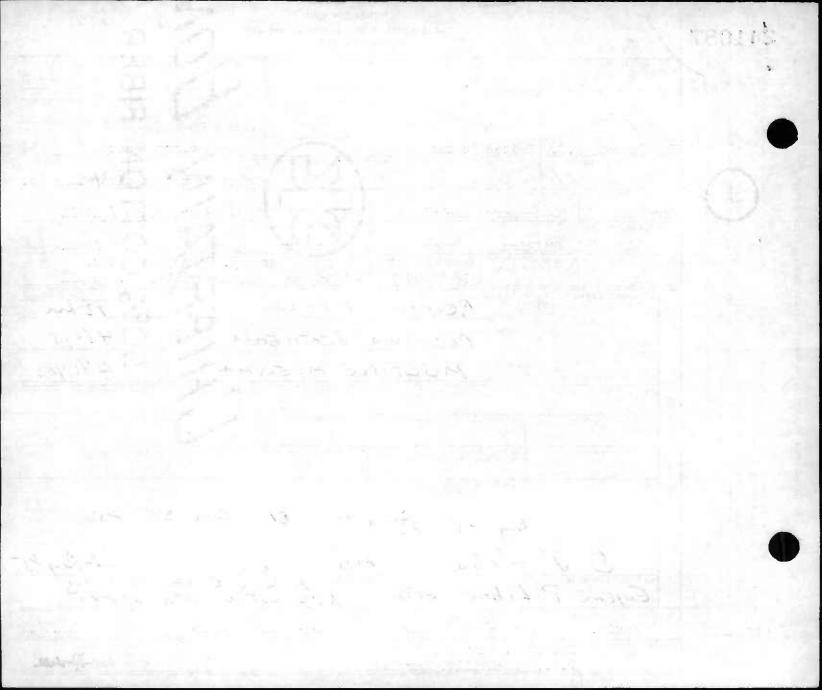
(VRA 15, 4)

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CERTIFICATION



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FOR - STATE

in by the funeral director, page 3 of filed within 72 haurs after death injury, ar other trou should be detached for use as the bural-transit permit. Then please remainthe State Dept. of Health and Memal Hygrene prior to bural, cremited to the TRE for the Memal Branch and Memal Branch and the Memal Branch and Memal Bran TO FUNERAL DIRECTOR. After this certificate has been signed

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE CERTIFICATE OF DEATH

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	REGISTRAR					REC	, NO.		
	CEASED NAME FIRST	MI	3 ACC		AST	20 DATE OF DEAT	HINOM H	DAY YEAR	26 HOUR
Platt	A1be	rt	S.	Wa	aller	August	18. 1	985	11:00an
3 SE		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAS		MONTHS DAY	
	Mo 1 o	Courses		MONT	cuary 9,1896	89	YRS.	MUNIHS DAT	S HOURS MIN.
	Male IRTHPLACE (STATE OR FOREIGN	Caucasi		8.		9 BALTIMORE CIT		Y OF DEATH	
	Tennessee	** * * * *			D NEVER MARRIED DIVORCED	Mantana		andrew Manu	
_	ITY OR TOWN OF DEATH	United		WIDOWE IG HOME (OR OTHER INSTITUTION	Montgome			OF BUSINESS OR
			FACILITY, GIVE STREET			(TYPE OF WORK FOR MC			
POSU	Potomac IAL RESIDENCE (IF NURSING HOME	19305 Bel				Account			road
13a.	STATE 13b. CO	UNTY	3c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP COL	DE 9305	Bells and
		tgomery	Potomac	`	YES NO W	Mill Roa	d Poto	mac, Mar	yland 100
14 F/	ATHER'S NAME	MIDDLE	ŁAST		15. MOTHER'S MAIDEN NA	ME	E	1	AST
		nston	Waller		Lula			Du	rham
	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	66 SOCIAL SECU	RITY NO.	17 INFORMANT DOTO	thy W. LeB	DRESS	305 Re1	1e Mil1
,	No.	one wan on paresy	709-01-0	1327	Road Potomac	Maryland	20854	(Daugh	iter)
	18 CAUSE OF DEATH (Enter	only one couse per li						APPRO	NAMATE INTERVAL
	PART I. DEATH WAS CAU	SED BY:			Game	X		m	T-
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUE	ENCE OF					
7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	NTRIB TING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL PREAMETOR C	ONDITION G	IVE / D	come.
TIOI	19a DATE OF OPERATION	1 10h CONIDIT	CONTRACTOR AND	OBERATIO	IN WAS PERFORMED	20a AUTOPSY?	I 20h IF V	ES, WERE FIND	NINGS HISER
CERTIFICATION	198 DATE OF OPERATION	O 148 CONDIT	OF TOR WHICH	OPERATIO	IN WAS PERFORMED	YES NO	IN CERT	IFYING CAUSI	ES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF HOUR A.M		AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM TE	PART I OR PART 2	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M.		19	21f LOCATION		20.0		2.2
MEC			T. FACTORY, OFFICE F	ARM, ETC)	STREET	-	1	COUNTY	STATE
	AT WORK		A	11	1 77	X	11	Per	
	22s I certify that (I) (this be-	0	tegsed from_	K-H	19/	10		19	, that (I) (we) last
	stow the disposed alive obote, (II)		fter death.	9-0	nd that in (my) foot opinion	death occurred og it	ne date and hi		
	11% SID MITU			,	DEGREE			22¢ DA	TE SIGNED
	Ven	7			PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	Δ1101	ist 19 49
1	224 PHUSH AN'S NAME LTYP	E OR PRINT		4	22- ADDRESS	1	3	0	
1	H.Cim	A60	MZIN	11	DU. EG	thund	Va	Form.	المالية
	BURIAL, CREMATION, REMOVA	AL 236. DATE			EMETERY OR CREMATORY	23d LOCATION			1-95
	(SPECIFY) Burial	Augus	t Pa	arkla	wn Memorial	Rockvil		rvland	STATE
24 F	LINERAL DIRECTOR	71,	1985	Par	25n DAT	TE REC'D. BY REGIST	RAR 256 REGI	STRAR'S SIGN	ATURE
0.0	NAME Rober 10 West Montgon	t A. Pump	hreyofur	neral		2 2 4005		avidson-h	andelle
	III Linet Monton	Dry AMANII	e KOCKVI	ILP.	ICLA ZUODU ITTO	L 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	And Commercial Commerc	

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

126 KIND OF BUSINESS OR

ST. Silver Spring MA.

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1 -	STATE REGISTRAR		IFICATE OF DEATH	REG. NO.	
	Alien	je Vinginia Wa	1ter	28. DATE OF DEATH MONTH	24 1985 5 P
SE	F		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER I YEAR IF UNDER 21 HE MONTHS DATE HOURS ME
	COUNTRY) VA.	76 CITIZEN OF WHAT COUNTRY? 8 MARR WIDON		Montgor	nery nery
51	luar Splina	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	HOSPITAL	TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	GLIFE) 126 KIND OF BUSINESS OF NONE
5U.	AL RESIDENCE I MINISTRI ICHE OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 137. CITY OR TOWN KENSINGTON	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	no 11 p/5
F	STEPLEH	LAWS	15. MOTHER'S MAIDEN NA	WIDDIE	ALIEN
	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECURITY NO 577-09-542	44 Logis GERT	ADDRESS TER 503 BONIFE	ANT ST. Silver SPRI
	PART I. DEATH WAS CAUSE	DBY: TE CAUSE (a) DBY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Type Jensey	arterio deretic	Heart Disease	A5 minutes Known 20 gg
	underlying cause last.	DUE TO, OR AS CONSEQUENCE OF	i greatest.		
HIFICATION	PART 2 OTHER SIGNIFICANT OF CHERATION	CONDITIONS CONTRIBUTING TO DEATH BI	rinderais -	20a AUTOPSY? 20b. IF	GIVEN IN PART 1:0 YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO NO
CAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		R	RRED (ENTER NATURE OF INJURY IN ITEM	8 PART LOR PART 2)
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an	ottended the deceased from May	and that in (my) (2004) opinion	deoth occurred on the date and h	naur and from the couses stated
	226 SIGNATURE	9	DEGREE		22c. DATE SIGNED

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

DHMH - 16 60M 7/84 (VRA 15, 4)

cold be detached th the State Dept.

CRIANT

24 FUNERAL DIRECTOR

22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY

9320 WESTST. MANAS

ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

VIEW

SEARCH S 2 311 Ac 1100 are the manufacture of Andrew College of Manufacture of Manufactur 19 Marie Center Par Company Line 19

ompletely filled in by the funeral director, page 3 I and 2 should be filed within 72 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE FOR

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REGISTRAR		CERTI	FICALE OF DEATH	REG. NO	0	
1. DECEASED NAME FIRST (TYPE OR PRINT) SADIA		WART	OF SKY			HOUR 4
3. SEX Female	4. RACE		OF BIRTH DAY VEAR VEAR	6. AGE (IN YEARS LAST BIR		UNDER 24 H
RUSSIA	76. CITIZEN OF V	A . WIDOV	IED NEVER MARRIED VED NORCED		ry County,	
10 CITY OR TOWN OF DEATH ROCKVILLE	(IE NOT IN SUCH	OSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS) HOME OF Grea	orotherinstitution ter Washington	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE	F WORKING LIFE! INDUSTRY	BUSINESS
USUAL RESIDENCE (IF NURSING HOME 130. STATE Maryland Mon	prother institution, county	GIVE RESIDENCE BEFORE ADMISSION 13(, CITY OR TOWN ROCKYILLE	YES NO [ose Road (2085	52)
Sholom	WIDDLE	Gondelman	Sarah	WIDDLE	Portn	
160 WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 102-10-2198	Mrs. Marilyn		mac, Md. 20854 311 Gainsboro	
PART 2 OTHER SIGNIFICANT		NTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S USED F DEATH?
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D IF EITHER, NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that III (this has sow the deceased alive obove, III (well) 27b SIGN FORE 22d, PHYSICIAN'S NAME, ITYP 22d, PHYSICIAN'S NAME, ITYP	HOUR A.A. P.A. 21e. PLACE C [AT HOME STRE	A. MONTH DAY YEA A. 15 DE INJURY LET, FACTORY, OFFICE, FARM, ETC.) deceosed from		deoth occurred on the di	20 19 8.5 the ote and hour and from the colored to	
STEVEN 23a. BURIAL, CREMATION, REMOVA	LIPS AL 236 DATE	23¢ NAME OF	CEMETERY OR CREMATORY	DUTROSE 123d. LOCATION	E RP, RUC	KVII
Buria1	8/21/		oanon Cemetery		P.G.; Marylar	
24 FUNERAL DIRECTOR DANZA		DBERG MEMORIA kville, Md.		3 1006 dis	Jan Registrak's SIGNATUR	2

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

should be detached for use as the burial-transit permit. Then please remove is with the State Dept. of Health and Mental Hygiene prior to burial, cremation. TO FUNERAL DIRECTOR: After this certificate has been signed by the

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etoined by the hospital or attending physician. Action of the standards

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STORY - PART TO PER PROPERTY OF THE PROPERTY OF THE PARTY
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending advises should be detached for use as the burial-transit permit. Then please remave cardianaper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remaining. TO FUNERAL DIRECTOR: After this certificate has been

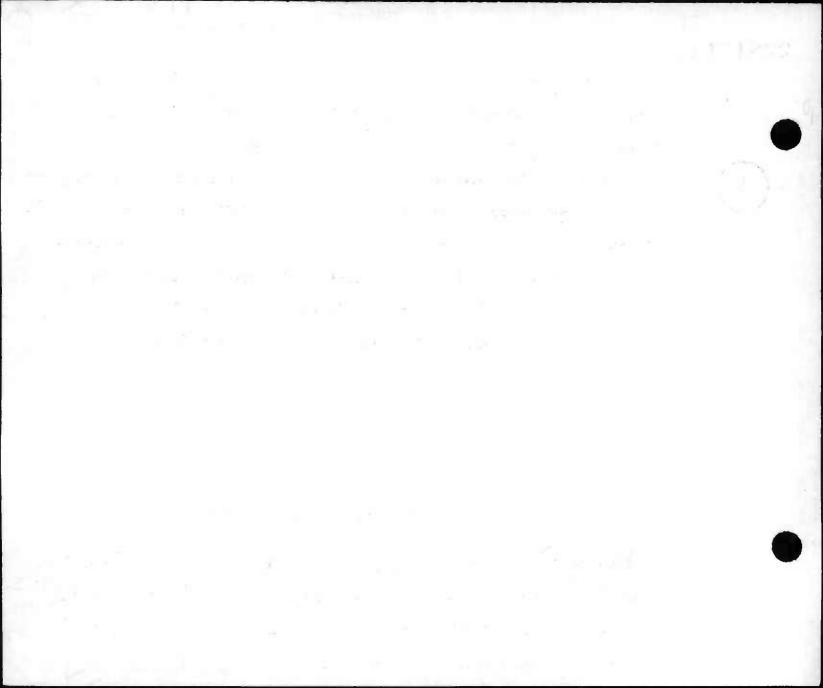
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE CEPTIFICATE OF DEATH

	CEASED NAME FIRST				REG. NO.				
(I YPE	A December 1	MIDDLE		LAST	20 DATE OF DEATH M	ONTH DAY	YEAR	26 HOUI	R
	Edga Edga	Y	We	inberg		8 5	85	3	A
3. SE	X	4 RACE	5 DATE	OF BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNE	DER TYEAR	IF UNDER	74 HR
	Male	Caucasian		y 7, 1917	68	YRS.			
7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF D	EATH		
	Illinois	USA.	WIDOW		Montaome	ru			٨
-	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OC UPATION	VORKING LIFE) 1N	KIND OF	BUSINE	SSC
	ethesda	Suburba	n Hosp	ortal	Economist		edera	1 Gc	V
13a S	STATE 13b COUI aryland Mon	VTY 13c CITY O		13d. INSIDE CITY LIMITS? YES NO 3	13e.STREET ADDRESS / 2 9302 Ewin		20	81	7
_	ATHER'S NAME	-		15. MOTHER'S MAIDEN NAM	ME				
	David	Weinber		Kate	MIDDLE	M	andel	son	
	WAS DECEASED EVER IN U.S. AF		L SECURITY NO.	17 INFORMANT	ADDRESS	5			
· '		II 113 0	1 8789	Claire Weinh	perg(wife) Se	ee #13	above		
	cause (a), stating the underlying cause last	DUE TO, OR AS A CON	ISEOUENCE OF						
CATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION			200 AUTOPSY?	20b. IF YES, WEF	RE FINDING		
RTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V		DN WAS PERFORMED	200 AUTOPSY?	206. IF YES, WEF IN CERTIFYING YES []	RE FINDING CAUSES C		H?
SICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONT P.M.	WHICH OPERATION	ON WAS PERFORMED 216 HOW INJURY OCCURR	200 AUTOPSY?	206. IF YES, WEF IN CERTIFYING YES []	RE FINDING CAUSES C	OF DEAT	H?
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFER NOTRY MEDICAL EXAMINE 21d. IN JURY OCCURRED	196 CONDITION FOR V	WHICH OPERATION THE DAY YEAR 19	DN WAS PERFORMED	200 AUTOPSY?	206. IF YES, WEF IN CERTIFYING YES IN ITEM 18 PART I C	RE FINDING CAUSES C	NO _	H?
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETIMER, NOTHER MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 1 WORK 22a.1 certify that (1) (this hasp saw the deceased alive of	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, of total) attended the deceased	WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.)	214 HOW INJURY OCCURR	200 AUTOPSY? YES NO CENTER NATURE OF INJURY	206. IF YES, WEF IN CERTIFYING YES IN TIEM 18 PART I C	CAUSES CORPART 2)	NO	H?
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETIMER, NOTHER MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 1 WORK 22a.1 certify that (1) (this hasp saw the deceased alive of	216 TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, 6) ital) attended the deceosed	WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.)	216 HOW INJURY OCCURR	200 AUTOPSY? YES NO CENTER NATURE OF INJURY	20b. IF YES, WEF IN CERTIFYING YES IN THE MIS PART I C	CAUSES CORPART 2)	ST S	H? ATE ve) lo
	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO FOR CONTRIBUTING ALSO FOR CONTRIBUTING AT WORK 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (I) (this hasp sow the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices of the deceased alive or obove, (I) (we) (did) (did indices or obove, (I) (we) (did) (did) (did indices or obove, (I) (we) (did) (did) (did indices or obove, (I) (we) (did) (21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (A1 HOME STREET, FACTORY, of total) attended the deceosed	WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.) Tram 7 19 6 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 8 19 19 19 19 19 19 19 19	216 HOW INJURY OCCURR 211 LOCATION STREET 19 25 nd that in (my) (aur) opinion of DEGREE	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN TO STAFF DIRECTOR PHYSICIA	20b. IF YES, WEF IN CERTIFYING YES IN THE MIS PART I C	OUNTY OUNTY OUNTY OUNTY OUNTY OUNTY	of DEATI	H?
MEDICAL	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK 22a.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did not alive) 22b. SIGNOTURE 22d. PHYSICIAN'S NAME (TYPE)	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, 6) 11; view the body after death.	WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.) from 7/2 19 C3 123C, NAME OF	211 LOCATION SIREET 19 85 nd that in (my) (aur) opinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN CITY OR TOWN AMEDICAL STAFF DIRECTOR PHYSICIA TO BIVE TO CITY OR TOWN	206. IF YES, WEIN CERTIFYING YES IN ITEM 18 PART I CO	OUNTY S	of DEATI	H?

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE OF CERTIFICATE OF DEATH

DE C	NO	

1	REGISTRAR	CERTIT	CAIL OF DEATH	REG NO.	
Ì	DECEASED NAME SOLOMON	AIDDLE We	iver	24 DATE OF DEATH MONTH DA	YEAR 26 HOUR A
	1 SEX Ale ARACE	5 DATE O		6 AGE (IN YEARS LAST BIRTHDAY) YRS	FENCER I PEAC A UNICER DE NOS DECHES DATS POURS ARE.
	70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF V	WHAT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	Pennsylvania U. S	S. A. WIDOWE	DIVORCED [MONTGOM	eky MD.
3	Silver Spring Hol	FACULITY, GIVE BYREET ADDRESS)	PROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Locksmith	In Kylo OF BUSINESS OF BUSINESS OF BUSINESS OF
2	USUAL RESIDENCE of NURSING HOME OR OTHER INSTITUTION. 130 STATE Maryland Montgomery	ofive residence before admissioni 13c. CITY OR TOWN Silver Spring	YES XX NO 🗆	13e.STREET ADDRESS / ZIP CODE 710 Kerwin Road	20901
2	14 FATHER'S NAME FIRST MIDDLE MAX	Weiner	15 MOTHER'S MAIDEN NAM Eva	WE	Zimmerman
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1765, NO OR UNKNOWN) YES (IF YES, GIVE WAR OR DATES) WW 2	166 SOCIAL SECURITY NO. 197-01-4004	17 INFORMANT Eileen A. Wi	11605 Buckn eland Silver Spri	ng, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause ia), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CO. 19a DATE OF OPERATION 19b CONDITIONS	Corceion TION FOR WHICH OPERATION	N WAS PERFORMED	INAL DIVE SE OR CONDITION GIVES 200 AUTOPSY? IN CERTIFY YES NOT NOT YES	WERE FINDINGS USED ING CAUSES OF DEATH?
-	OR CONTRIBUTING CAUSE OF DEATH HOUR A.A. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE O	w, month day year w. 19	211. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	COUNTY STATE
	220. I certify that (1) (this haspital) attended the saw the deceased alive an above. It is a find and the body 176. SIGNATURE	ultier death, on	DEGREE DATTENDING PHYSICIAN [, to	9, that (II (we) last and from the causes stated
	ROBERT KRAMER	M. D.	1 10 110	EORGIA Que	SIL 816.
	230 BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL 235, DATE 8/13/19	985 Judean	EMETERY OR CREMATORY Memorial Gard	ens city of mey, Mon	regomery, Md.
	DONATO MC STEIN HEBREW MI 232 CARROLL STREET, N. W	EMORIAL FUNERA	THE RECEIPT	REC'D. BY REGISTRAR 256. REGISTR.	AR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detoched for una with the Store Dept. of Hea

MPORTANT: IF IN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAGIENS

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

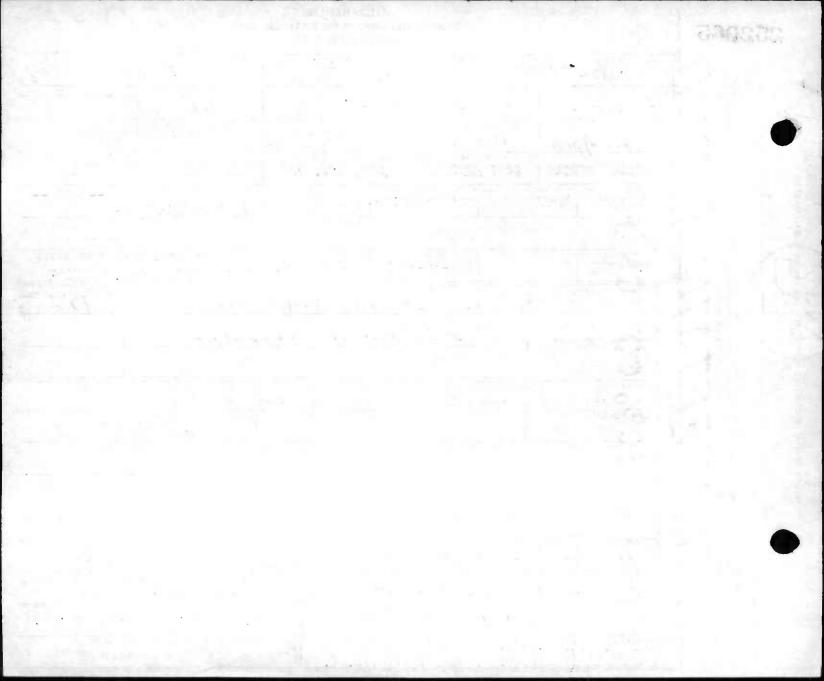
and Davidson-Randall

1.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME OR PRINT)	EATRICE	MIOOLE	· .		INSTEIN .	20 DATE OF	DEATH MON	Z >	PS-	26 HOUR / D. O. O. P.
3 SE	FEMALE	4 RACE	hil	e-	JANU		6 AGE (IN YEA	RS LAST BIRTHOAT	YRS IF (INGER I YEAR	HOURS MIN
	RTHPLACE ISTATE OR FORE		U 15.	COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMOR	ECITY OR CO			/
10 C	SILVER SPR					D, APT. 304	120. USUAL O	CCUPATION CAL OF WO	DRKING LIFE)	126. KIND C	CE
13a. S	AL RESIDENCE (IF NURSING STAND 13	MONTGOME	RY S1	ELVEROS	PRING	13d INSIDE CITY LIMITS? YES X NO	13. STREET A	DDRESS MANCHE	STER		20910
14. FA	HARRY	WIDOLE	SC	LOMON		ROSE RST	ME	WIDOLE		REIER	₹"
16a. V	VAS DECEASED EVER IN YESINGOR UNKNOWN]	U.S. ARMED FOR FYES, GIVE WAR OR O		30-18-9		17 INFORMANT EILEEN R.	SHAW,	274 ^{RE} SH GAITHEI	HADY S	. MAR	ORIVE RYLAND
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)										
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)										
CERTIFICATION	190 DATE OF OPERATIO	DN 19b	CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOF	NO EX	b. IF YES, W CERTIFYIN YES		NGS USED OF DEATH?
MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK					21c. HOW INJURY OCCURR 21f. LOCATION STREET		DRE OF INJURY IN		OR PART 2}	STATE
	22a.1 certify that (I) (st saw the deceased above, At (we) (did 22b. STEE) JRE	olive on	lus	2/ 10		d that in (my) (our) opinion of DEGREE ATTENDING	, , , ,	on the date of	2 194		
	22d PHYSICIAN'S NAM		sch	lev		PHYSICIAN 2220 ADDRESS 22 Silv	POIRECTOR L		ENT		
23a E	JURIAL, CREMATION, RESPECTAL	MOVAL 23b. D.	30/198	35 KIN	AME OF C	EMETERY OR CREMATORY VID MEMORIAL G	ARDEN ORT	ION FALLS	S CHUR	CH, V	/IRGTNIA

DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

DHMH - 16 60M 7/73 (VR A 15 (4))

TO FUNERAL DIRECTOR: should be detoched with the Stote Dept.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100	amp	et	- 1	1
2	3	2	1	1
				- 17

	'	REGISTRAR			CERTIF	ICATE OF DEA	TH		REG. NO.			
		CEASED NAME OR PRINT) MARY	RO	SE	WE	E155		20. DATE OF D	EATH MONTH	30/8s	2b. HO	LOP M
	3. SEX	FEMALE	4. RACE WHITE		OCTUBER 22, 1893			6 AGE (IN YEAR	RS LAST BIRTHDAY)	MONTHS DAY		ER 24 HRS MIN.
1	9	RTHPLACE (STATE OR FOREIGN HUNGARY	U.S.A		MARRIED NEVER MARRIED WIDOWED DIVORCED			MONTGOMERY COUNT				
1	2	ROCKVILLE	HEBRE	HOSPITAL, NURSIN				V HUUS	EWIFE CUPATION	126. KIND INDUSTR	OF BUSIN	VESS OR
5		AL RESIDENCE IN NURSE BORGE		TAKOMA T		A	0	130. STREET AD		209 STREET	12	
1	14 FA	THER'S NAME (UNASCERTAINABL	E) (U	NASCERTAI	NABLE	IS. MOTHER'S M		INABLE)	MIDDLE	UNASCER	TAIN	ABLE)
2	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? (E WAR OR DATES)	047-07-2		17. INFORMANT LILLIAN	LITO		679 PEDREX			0
		18. CAUSE OF DEATH Itere or PART I. DEATH WAS CAUSE IMMEDIA: Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	D BY: TE CAUSE (o) DUE TO, O (b)	RAS A CONSEQUE	RATI NCE OF NCE OF	ON BR	ONCLY IABET	OPNEU	ACUTE) MONIA DMA	DETWEE 2	DAY	D DEATH
	TION	JENII	E D	EMENT	IA.	PRESU	MAB	LY M	ULTI-	INFA	CT	TYPE
/	CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH	OPERATIO				IN CER	YES, WERE FIND TIFYING CAUSE YES	NO NO	ATH?
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	ALIN .	M. MONTH DA M.	Y YEAR	21f. LOCATION	RY OCCURRE		RE OF INJURY IN ITEM 1			
	ME	WHILE NOT WHILE TO AT WORK 220.1 certify that (I) (this haspi		e deserted from	ARM ETC)	STREET	51		3/30/	COUNTY	ah - a (8)	STATE (wa) last
		sow the deceased alive on obove, (I) (we) (did) (did no	8/30	190		DEGREE					E SIGNED	stoted
-		226. PHYSICIAN'S NAME TTYPE O	// .	EL M') .	220. ADDRESS		MEDICAL DIRECTOR D	0	kille.	20)	
		URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CRE	MATORY	23d. LOCATI		COUNTY	MAIEC	TYPUT

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

IMPORTANT: If hem 21 is morked or

FUNDAL ABC'M. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

FOR

DEPARTME

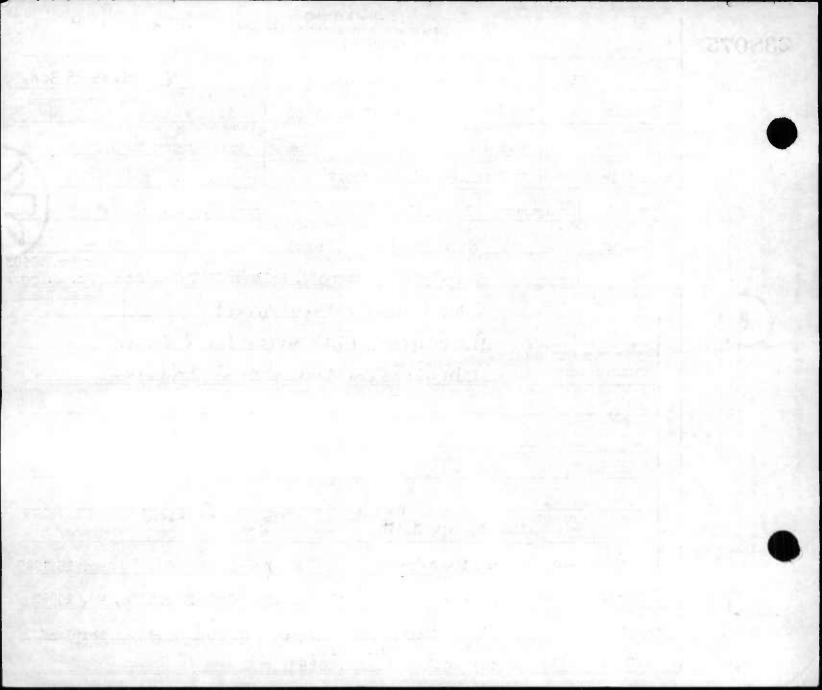
STATE OF MAKTLAND	32 Fre.
NT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	NO.			
	ASED NAME	FIRST	100	WIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
(TYPE O	R PR(NT)	EVA	HI	ELLMAN	WE	ISSBERG		8.	15.85	. 5.30	A _M
3 SEX		4	RACE		5. DATE (6 AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS		a HRS
F	emale	the No. 7	Whit	е	Apri	1 25,1893	92	YRS		1.00%	791114.
	HPLACE (STATE O	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
P	oland		TT C B		WIDOWI		Montgon	,	MD.		
10 CITY	OR TOWN OF DE	EATH 1	I. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINESS OR				
Roc	kville		6111 I	CHEACHITY, GIVE STREET Montrose I	Road,	#1016	Homemake			ome	1.10
USUAL 13a ST.		13b COUNT		130 CITY OR TOW		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CO	DDE		
Mai	ryland	Montgo		Rockvil	le	YES X NO	6111 Monta			16:20	852
14 FAT	HER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN NA	WE		A CONTRACTOR OF THE PARTY OF TH	AST	
	Lazar			Marantz		Pearl			Okur	2	300
	AS DECEASED EVE		ED FORCES?	166 SOCIAL SECU	JRITY NO	17 INFORMANT	ADD	RESS	Mar	yland	2090
	NO			577-48-0	621	Eugene J. He	llman; 1037	Crest	thaven I	r.:S.	Spq.
1	8 CAUSE OF DEA	TH :Enter only	ane cause pe	er line far (a), (b), an	dicut				BETWEEN	NONSET AND D	EATH
	PART I. DEATH	IMMEDIATE		CARDIO	Res	Piratory 1	Trest	100			
			DUE TO C	R AS A CONSEQUE		/					
	Canditions, if an	y, which	(b)_	Hoteri	scale	outri Cardiay	ascertas o	uses	35		
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE C						2				
	underlying couse lost (c) Chronic Constructive heart Failings								400		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION											
CAT	90 DATE OF OPER	ATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	70g AUTOPSY?		YES, WERE FIND		12
STIFF							YES NO		YES 🗌	NO 🗌	
	OR CONTRIBUTING		LIGITO 1	OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	URY IN ITEM I	B PART OR PART 2)		
MEDICAL	(IE EITHER NOTIFY ME			P.M.	19						
JED 12	11d. INJURY OCCU			OF INJURY	ARM ETC 1	211 LOCATION STREET	CITY OR I	IOWN	COUNTY	51	ATE
-	WHILE NOT W	WHILE ORK			Α		0				-
2				he deceased fram_	Hos	, 7	. 10	oson		, that (li (w	
	saw the decea	(did) (did not	view the bad	y after death.	والما	nd that in (my) (aur) apinian	death accurred an the	date and h	iaui and Iram th	e causes stat	led
1	226. SIGNATORS	1	1.)	-		DEGREE	11501611		77c. DAT	ESIGNED	
	Ta	Sun	1 2	Marray	>	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN []	Aug	. 15,3	1985
2	774 PHYSICIAN'S				9	22e ADDRESS	1				
	HAMID	MONTAP	KHAB,	M.D.		6111 Executi	ive Blvd.:R	ockvi	lle, Md	. 208!	52
23a BU	RIAL CREMATION	I DEMOVAL	22h DATE	123c h	NAME OF C	EMETERY OF CREMATORY					

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial Burial 8/16/85 Natl Capital Hebrew Ca
FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEM. CHPLS. 130. DATE REC'D.

1170 Rockville Pike; Rockville, Md. 208521640



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

П		REGISTRAR			CEKIII	ICATE OF DEATH		REG. N	0.		
		FIRST FIRST	A	AIDDLE		LAST	2 a.	DATE OF DEATH	MONTH	DAY YEAR 21	HOUR
	13346	DOI	VALD	В.	1	UESS	1	quay	- 3	1,1985 3	3.35A.
	1.5E)	-	4 RACE	D.	5. DATE C	OF BIRTH	6. A	GE (IN YEARS LAST BIF	RTHDAY)		F UNDER 24 HRS
	-	Male			MONTH DAY YEAR		-		-	MONTHS DAYS H	OURS MIN.
1	7- 01	RTHPLACE (STATE OR FOREIGN	White 7b. CITIZEN OF WHAT COUNTRY? 18			10 212	10.0	ALTIMODE CITY	YRS.	OFDEATH	
	COUNTRY				MARRIE	D NEVER MARRIED	X Y	ALTIMORE CITY C	OK COONT	OFDEATH	
	No.	ennsylvania	U.S.		WIDOWE			Montgor			MD.
2		TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET		OR OTHER INSTITUTION		USUAL OCCUPAT		126 KIND OF E	JUSINESS OR
	1	Silver Spring	Ho.	ly Cross	Hosp	oital		Salesman		Sa	les
d	USUA 13a, S	AL RESIDENCE (IF NURSING HOME OT TATE	NTY	GIVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CITY LIMIT	52 1130	STREET ADDRESS	/ 7IP CODE		
2			gonery	Sil. Spe		YES NO X		2101 Fai			902
5	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN	NNAME	WIDDIE			
9		Terence	WIDDLE	Wess		Pearl		WIDDIE		Luttor	1
Ħ	160 V	AS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITYNO	17. INFORMANT		ADDR	ESS	24000	20902
	{ Y	(YES, NO ORLINKNOWN) (IF YES, GIVE WAR OR DATES)			1063	Mr.Francis	5 Elki	n St #2	Wheator		
-		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)									TE INTERVAL SET AND DEATH
		PART I. DEATH WAS CAUSI	D BY:	H - m -	7	Soile	40			7	outher
		IMMEDIA	TE CAUSE (a)	Tiepa	, ac	Jacob	-			2/11	oung)
			DUE TO, OF	AS A CONSEQUE	NCE OF	1000	1.			211	0 4 1
		Conditions, if ony, which	(b)	x alr	me	cou	cen	ous		1	a co
		couse (a), stating the underlying cause last.	DUE TO, OF	AS A CONSEQUE	NCE OF						
		(c)									
4	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	CERTIFICATION	Hepari	per				T				
1	CA	1% DATE OF OFFERATION	145 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	2	20a AUTOPSY?	IN CERTIF	YING CAUSES OF	5 USED F DEATH?
	100							YES NO	S 🗌	NO 🗌	
		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE			Y YEAR	214 HOW INJURY OC	CURRED	(ENTER NATURE OF INJU	IRY IN ITEM IB P	PART I OR PART 2)	
1	S	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR		19						
	WEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY		211 LOCATION		CITY OR TO	OWN	COUNTY	STATE
	2	AT WORK NOT WHILE	(AT HOME STR	EET, FACTORY, OFFICE FA	ARM, ETC. J	3.46					
		22a I certify that (I) (this hosp	ital) attended the	deceased from		une 29 19 .	515-	to Aug	31	19 85 the	at (I) (we) last
		saw the deceased alive or abave, (I) (we) (did) (did no		931 19	5500	nd that in (my) (our) opi	inion deat	h occurred on the d	ate and hav	ir and from the cai	uses stoted
		22b. SIGNATURE	or) view the body	offer death.		DEGREE				22c DATE SIC	GNED
		Dother 1	13.	en/	n	ATTENDIN		EDICAL STA		8/3	1/85
		22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS						KECTOR PHTSK	CIAIN []	01	/
		Arthur S.			7						
-								ood Dr. S	ller :	opring Mo	20910
	23a B	URIAL, CREMATION, REMOVAL	- 1	10		EMETERY OR CREMATO	J	Riverda	le e	P.G.Co.	Md.
		Cremation	9/31			ers Cremato					
	24 FU	INERAL DIRECTOR		ADDRESS -		eorgie. Ave. 250	DATE RE	C'D. BY REGISTRAR	756. REGIST	RAR'S SIGNATUR	E
		w.w.Cho	mbers	CO. DAC.	Sil. St	9- Md 20910	OFF	5 1985	in the	www.dson-M	andell

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be detached for use with the State Dept. of Hea

Transmission forest to be that had be the sent the reservation in the contract DOINGIN Manufacture of the state of the Michigan Company of the Company of t THE DESCRIPTION OF STREET AND PROPERTY OF THE
eoth. Poge 4

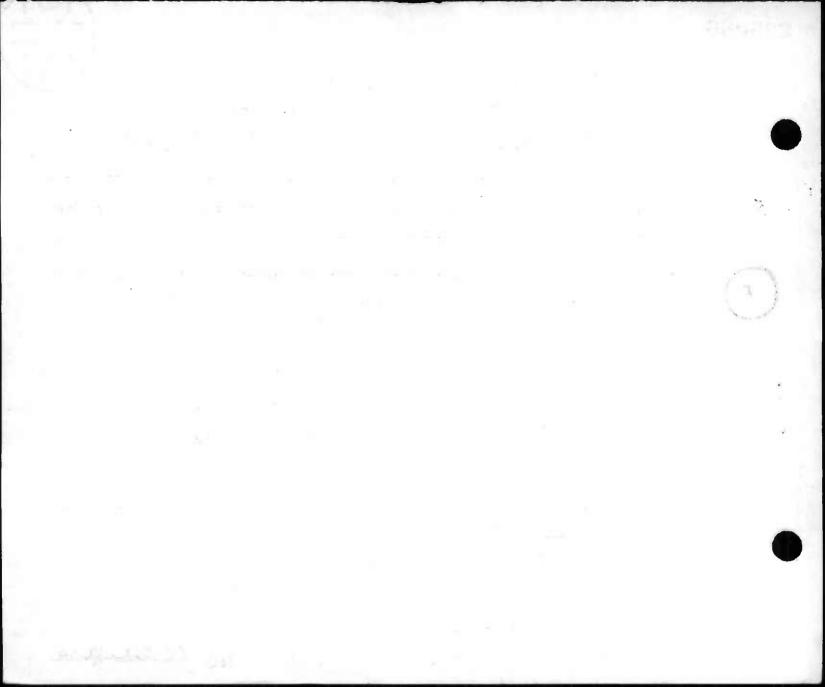
10 2 1 2 0 1	24 hours ofter d	and a filled in by the fu
ORE, MARYLAN	ecuted within 2	nd completely fill spes 1 gard 2 shou
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ATTENDING PRYSICIAN: The low requires that the death or ricote be soured within 24 hours ofter displaying a strength and sites.	HECTOR, After the cartificate has been signed by the attendant physician and completely filled in by the fundal to the second of the second signed and a should be filled with
5, 201 W. PRES	oires that the de-	ECTOR, After the cartilicate has been signed by the attending physical for users the building signer in Then please sentere carbo ABP.
VITAL RECORD	N: The low requirements	icote hos been s ronsit permit. Th
DIVISION OF	R ATTENDING PHYSICIAN The Papping or untending physicion.	After this certificant the monitoring
4	ATTEN	RECTOR.

DHWH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE

	•	REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.			
		CEASED NAME FIRST	MIDDLE	1 1/	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR		
	(TYPE	ORPRINT) FRNE	STINE	Who	taker	8	16 85 455		
	3 SEX	0 10	14 RACE	(0) 11	ICHTE	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
				S. DATE O	DAY YEAR		MONTHS DAYS HOURS MIN.		
	FE	MALE	BLACK	MAY	9 1931	54 YR	S.		
32		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? B.	X NEVER MARRIED	9 BALTIMORE CITY OR COUP	ATY OF DEATH		
القرا	VIRGINIA U.S.A.			WIDOWE		I MONTGOY	nery (hutter		
27	10. CI	TY OR TOWN OF DEATH)	11. NAME OF HOSPIT	AL, NURSING HOME O		12a USUAL OCCUPATION	126 KIND OF BUSINESS OR		
1//	T	atoma What	ME NOT IN SUCH FACILITY	TY, GIVE STREET ADDR SS)	exitict has	(TYPE OF WORK FOR MOST OF WORKIN			
12 5	11511	AL RESIDENCE (IF NURSING HOME O	Manille	DENCE BEFORE ADMISSIONI	CHARLE NO	WAITRESS	RESTAURANT		
12/	13a S	TATE I'M COU		ITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	ODE 99999		
É	D.	C.	WA	SHINGTON	YES 🔀 NO	5068 JUST ST.,	N.E. (20019)		
301		THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N				
(A)/	AI	EXANDER	WIDDIE	WATKINS	SISUE	WIDDLE	BARNES		
8	Inc. V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SC	OCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
9	(1	(ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)						
4	NC)	1 23	0-30-5275	SILAS WHITA	KER (HUSBAND) SA	ME AS ITEM #13		
5		18 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	nly one couse per ine to	rigi, bi, and ici.	in Chan	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
			TE CAUSE (o)	K010081V	16 210C		30h0		
Ĭ.			ction	1101					
1		Hohrs							
1		Conditions, if any, which gove rise to immediate)	0.00		1	1111		
4		couse (o), stoting the underlying couse lost	DUE TO, OR AS A	CONSEQUENCE OF	allacth	pomnesis	4/12 00015		
ò			(c)	1100 1100	Cacal III	LUTIOCO	110000		
C C	z	PART 2 OTHER SIGNIFICANT	P = 10	BUTING TO BEATH BUT	. 1	11	GIVEN IN PART HOLLE (00)		
i Ç	CERTIFICATION		je coaqu	copatiny, 1		lelitus, Larg	PENE RETAIL HAILUR		
6	CA	190 DATE OF OPERATION	196. CONDITION F	FOR WHICH OPERATION	WAS PERFORMEDILIA		YES, WERE PINDINGS USED RTIFYING CAUSES OF DEATH?		
6	TIF	14 Hug 85	bilat	HOTTO -	femoral thom	YES NO	YES NO		
88	E E	210. ACCIDENT WAS UNDERLYING	LICHED A 44 AV	NONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	IS PART 1 OR PART 2)		
17	AL	OR CONTRIBUTING CAUSE OF DE	Ain	IONIH DAT TEAR					
1/	EDICAL	214 INJURY OCCURRED	21e. PLACE OF IN I		21f LOCATION				
2	ME	WHILE NOT WHILE	(AT HOME, STREET, FAC	TORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE		
0		AT WORK		A	V.	A	25		
4		220 I certify the (I) (this bace	11 - 11 1 -	osed from	UST S 19 X	3 , 10 10			
N.		sow the ececuea alive or obote (I) we) (did (I	wew I le body ofter d	leoth.	a that in (my) (our) opinior	death occurred on the date and	nour and from the couses stated		
1.		226. SIGNATURE	IV . II	[DEGREE		22c. DATE SIGNED		
- ,		111-11111	Dut L	- M	ATTENDING . PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	16 August 1985		
4		22d. BHYSIC ION'S NAME (TYPE	OR PRINT)		22e ADDRESS	4	0 4.2000		
8/		July many late	- None (110	The water	7610 CADA	MI SURVEY TA	KINIA PAGE MA		
31		MAYMAN ME		MTHAM, MI)	1010 CHICK	ULL TUERUE, IN	The state of the s		
1		SPECIFY)	L 23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY		
-		BURIAL	AUG 20,19	85 QUANTI	CO CEMETERY	QUANTICO, VI			
4/83		INERAL DIRECTOR			25a. D.A	TE REC'D. BY REGISTRAR SIS REC	HSTRAR'S SIGNATURE		
	V	ANÑ & WILLIAMS	, 4804 GA.	AVE., N.W., W	ASH.,D.C.AU	6 2 1 1985 90 ac	saviation fortains		



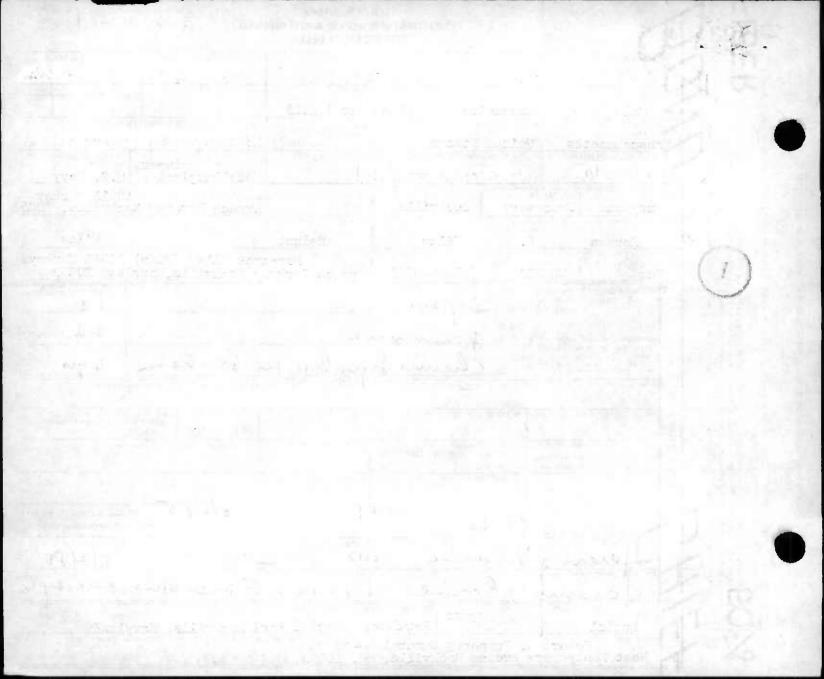
DHMH - 16 50M 4/83

(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH

I. DECEASED NAME	FIRST	WIDDLE	ı	AST	20 DATE OF DEATH		DAY YEAR	2h HOUR
(TIPE OF HERVI)	Raymond ·	C.	Wi	1ev	August	2. 198	85	4:00 8
3 SEX	4. RACE	0.	5. DATE C		6. AGE (IN YEARS) ST B		IF UNDER 1 YEAR	IF UNDER 24 HR
Male	Caucas	ian	December 4,1925			YRS	MONTHS BAYS	HOURS MA
70. BIRTHPLACE (STATE OR		WHAT COUNTRY?	8.		59 9. BALTIMORE CITY			
Massachuset	ts United	States	WIDOWE	D NEVER MARRIED U	Montgomer	v Com	ntv	
IN CITY OR TOWN OF DE	ATH 11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b. KIND (F BUSINESS C
Bethesda	Sub	urban Hos	pital	•	Metallurg		U.S.	Navy
USUAL RESIDENCE (# NURS 130 STATE Maryland	ING HOME OR OTHER INSTITUTION 136 COUNTY Montgomery	Rockvil	N	134. INSIDE CITY LIMITS?	Branch Par			
14 FATHER'S NAME	Profitgomery	MOCKVII	16	15. MOTHER'S MAIDEN NA		LKWay	KOCKVII	.ie, 200
Norman	C.	Wiley		Helen -	MIDDLE			l 1 ey
160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WW II	577-22-9		17. INFORMANT Marg Branch Parkw	aret Wiley ay Rockvil	RESSWife	e) 12911 ryland 2	Turkey 20853
IB CAUSE OF DEAT PART I. DEATH W	IB CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Some							
gave rise to imicause (a), statir	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last							
NOIL							ES, WERE FINDS	NGS USED
OD CONTRACTOR	CAUSE OF DEATH HOUR A	OF INJURY I.M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR			B PART T OR PART 2)	
# EITHER NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY MEDI AT WORK AT WO	RED 21e PLACE	OF INJURY TREET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
saw the deceas abave, (I) (we) ((this haspital) attended to ed alive an did) (did nat) view the bad-	8 (193	nd that in (my) (aur) apınıan	death occurred an the	date and ho	. 19, our and from the	that (I) (we) ke causes stated
226. SIGNATURE	myVR	ooke			MEDICAL ST.	AFF ICIAN []	22c. DA)	2 PT
224. PHY ICIAN'S N	AME (TIME RINT)	ooke		170 ADDRESS	Com	. Au	e. Ko	ushp
230 BURIAL, CREMATION,	REMOVAL 236. DATE A	ugust		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
Burial			rklaw	m Memorial Pa	TE ROCKVIL	le M	aryland	THEF
24 FUNERAL DIRECTOR R 300 West Mon	obert A. Pum tgomery Aven	phrey Fun ue Rockvi	eral 11e,	Homes PA Md. 20850 All	6 7 1985	ALCOHOLD IN THE COLOR	Taigh-1-	TOKE .



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE

2	3	S	2	2	

	1-	STATE REGISTRAR		CERTII	ICATE OF DEATH	REG. N	O.	E .		
		CEASED NAME FIRST E OR PRINT) Lillian	n E.	Winkl	er	July 2	MONTH DAY YEAR 25, 1985	1:38pm		
	3. SE	x , FEMALE	4 RACE WHITE	S. DATE O	DAY YEAR.	6 AGE (IN YEARS LAST BI	PRIHDAY) IF UNDER 1 YE MONTHS DATE			
5	L '	IRTHPLACE (STATE OR FOREIGN MARYLAND	76 CITIZEN OF WHAT COU	MARRIE		9 BALTIMORE CITY C	MD.			
6		ROCKVILLE		UTHERAN	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEMA	OF WORKING LIFE) INDUSTE	HOME		
1	Illu. S	MARYLAND HA	RFORD CO. FALL		134. INSIDE CITY LIMITS? YES 🌠 NO 🗌		ZIP CODE TERRY WAY	041		
21	1	HARRY VAS DECEASED EVER IN U.S.		LWEE L SECURITY NO.	15 MOTHER'S MAIDEN N. FIRST KATHERI	WIDDLE	SCHA	LAST		
Z			GIVE WAR OR DATES)	0-9033	REV.DR.RICHA			CK VILLE, MI		
	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	(c)	DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to						
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOTE	206 IF YES, WERE FINI IN CERTIFYING CAUS YES			
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER NOTIFY MEDICAL EXAMINATION OF CURRED WHILE NOT WHILE AT WORK ALWORK	DEATH HOUR A.M. MONT	19	211 LOCATION STREET	RRED (ENTER NATURE OF INJU		STATE		
1		27a I certify that (I) (this had been shown the deceased after a bound of the Standard Standa	on July 23	Car	DEGREE ATTENDING PHYSICIAN 27e ADDRESS 1790	to deoth a rred on the d	FF DA	that (I) (we) lost the causes stated TE SIGNED 25,/957		
		BURIAL, CREMATION, REMOV.	AL 23b. DATE JULY 29/1989	1	EMETERY OR CREMATORY WN CEMETERY	23d LOCATION CITY OR TOWN BALT IN	ORE, COUNTY	ARYLAND		

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detected for use with the State Dept. of Health PORTANT, if them 21 is m TO FUNERAL DIRECTOR

BURIAL JULY 29/1985 OUNGRAL DIRECTOR HYSONG CO., INC.
1300-N ST., NW WASH., DC 20005 24 FUNERAL DIRECTOR

OAK LAWN CEMETERY

MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG US 1985 Julia Davidson Randall

The Research of the same of the same of the

the state of

.00 2 29/13/65 N. 1164 J. 116 N. 1164 J. 1164

TSETH LE JAH., ED RENS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-		DEP			3 5 2	ن
	CEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR	2b HOUR
(TYPE		A. A.	Winstanley	8	/12/85	8:27 ar
3 SEX		4. RACE	5. DATE OF BIRTH		DAY) IF UNDER 1 YE AL	
F	EMALE	CAUCASIAN		88	YRS	NOORS MIN.
		76 CITIZEN OF WHAT COUN	TDV2 8	9 BALTIMORE CITY OR	COUNTY OF DEATH	
		U.S.A.	WIDOWEN DIVORCED			MD.
10. CI	TY OR TOWN OF DEATH					OF BUSINESS OR
USUA	Olney	Montgomery	General Hospital	HOUSEWIFE		
13a S	TATE 136 COU	NTY 13t. CITY OR	TOWN 1136 INSIDE CITY LIMITS?			
		GUMERY SILVER		3642 GLEN	EAGLES DRI	VE 20906_
	FIRST		FIRST	MIDDLE	ti	AST
16a. V			SECURITY NO 17 INFORMANTO ALLO	UNKNOWN ADDRES	S WALLETTIA	LERNER_
					IT WINFIELD	COURT
				ALON DON		XIMATE INTERVAL
	gove rise to immediate couse (o), stating the underlying couse lost.	(c)				
20	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING</u>	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART I	la la
TIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED		206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR 216 HOW INJURY OCCUR		IN ITEM 18 PART I OR PART 2)	
CAL		AIR	19			
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
					19_85	that (1) (we) last
	sow the deceosed olive or above, (1) (we) (did) (did no		19, and that in (my) (our) apinior	death occurred on the dat	e and hour and from th	e couses stated
	22b. SIGNATURE	1.0	DEGREE	AACDICAL STAGE		E SIGNED
	Despty "	· wren,	PHYSICIAN			481
			T TOTAL PRIN		R. OLNEY, MA	RYLAND
23a B	SPEC(FY)			CITY OR TOWN	COUNTY	STATE
24 FL						VIRGINI
1	NAME FRANC	IS J. COLLINSOR	ESS A	UG 1 9 1985	ساردون النساء م	
	1. DEC(1/VPC 3. SE) 7.0 BI (1/VPC 1/10) 10. C1 10.	TEMALE TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSYLVANTA 10. CITY OR TOWN OF DEATH Olney USUAL RESIDENCE (# NURSING HOME OI 130. STATE 135. COUNTRY) MARY LAND MONT 14. FATHER'S NAME FIRST UNKN 160. WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN) NO 18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (OR CONTRIBUTING COUSE (O), STATE (FEITHER NOTIFY MEDICAL EXAMINE) 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING COUSE (O), STATE (O) CONTRIBUTING COUSE (O), STATE (O) CONTRIBUTION COUSE (O), STATE (O) COUSE (O), STATE	TEGISTRAR 1. DECEASED NAME (TYPE OR PRINT) FEGITH 3. SEX FEMALE 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSYLVANTA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NU (FEND IN SUCH FACILITY) GIVE S NOTEGOMERY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE IT 13a. STATE 13b. COUNTY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE IT 13a. STATE 13b. COUNTY UNKNOWN 14 FATHER'S NAME FIRST WINKNOWN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MO OR UNKNOWN) 15b. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MO OR UNKNOWN) 16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MO OR UNKNOWN) 16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MO OR UNKNOWN) 16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, GIVE WAR OR DATES) NO 18 CAUSE OF DEATH LENTER ONLY ONE COUSE PER INDETO (10), the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSI (1b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19a. DATE OF OPERATION 19b. CONDITION FOR WE AND OR CONTRIBUTING COUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21a. ACCIDENT WAS UNDERLYING TO THE OTH DURY (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 19a. DATE OF OPERATION 19b. CONDITION FOR WE AT WORK 21c. TURNE 21d. HOUR A.M. MONTH P.M. 21d. HUNDRY OCCURRED 21d. HUNDRY (AT HOME STREET, FACTORY, OF ATWORK 21d. HUNDRY (AT HOME STREET, FACTORY, OF ATWORK 22b. SIGN STURE 22c. Teertify that (1) (this hospital) oftended the deceased from the body ofter death. 22c. Teertify that (1) (this hospital) oftended the deceased from the body ofter death. 22c. Teertify that (1) (this hospital) oftended the deceased from the body ofter death. 22c. Teertify that (1) (this hospital) oftended the deceased from the body ofter death. 22c. Teertify that (1) (this hospital) oftended the deceased from the body ofter death. 22c. Teertify that (1) (this hospital) oftended the deceased from the body ofter death. 22c. Teertify that (1) (this hospital) oftended the deceased fro	DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR I. DECEASED NAME PROST DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH DECEASED NAME PROST REGISTRAR I. DECEASED NAME PROST REGISTRAR RACE S. DATE OF BIRTH MODRIT DATE OF BIRTH MODRIT MARRIED NARRIED NORGER 113. CITY OR TOWN NARRIED NARRIED NARRIED NARRIED NARRIED NORGER 113. NOLHER'S MAIDEN 114. NAME OF HOSPITAL, NURSING BURDEN SOUND 115. MOTHER'S MAIDEN NOTHER'S MAIDEN NOTHER'S MAIDEN NOTHER'S MAIDEN NOTHER'S MAIDEN NOTHER'S MAIDEN 116. SOCIAL SECURITY NO 117. INFORMANT DAUGH TRUDY THORI NOTHER'S MAIDEN NOTHER'S MAIDEN NOTHER'S MAIDEN NOTHER'S MAIDEN 118. SOCIAL SECURITY NO 118. NOTHER'S MAIDEN 119. NOTHER'S MAIDEN NOTHER'S MAIDEN NOTHER'S MAIDEN 119. NOTHER'S MAIDEN 119. NOTHER'S MAIDEN NOTHER'S MAIDEN NOTHER'S MAIDEN 119. NOTHER'S MAIDEN 119. NOTHER'S MAIDEN NOTHER'S MAIDEN 119. N	DEPARTMENT OF HEALTH AND MENTAL HIGHER CRITICATE OF DEATH REG. NO DECEASED NAME INDICEASED NAME INDICEA	DEPARTMENT OF HEALTH AND MENTAL MYGIENE STATE CERTIFICATE OF DEATH REG NO. LDECEASED NAME INSTITUTION REG NO. LDECEASED NAME INSTITUTION REG NO. LDECEASED NAME INSTITUTION REG NO. LOW STAN REG NO. LDECEASED NAME INSTITUTION REG NO. REG (MYTASILISI MICHOL) PENISVLVANTA INSTITUTION REG (MYTASILISI MICHOL) INSTITUTION REG (MYTASILISI MICHOL) REG

Called Andrews Bit a made money of the \$40 and the good JESHUL BL. LUGARRO

FOR STATE REGIS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

3

2

THE CAPPRION SEX		REGISTRAR								REG. NO.					
FEMALE						WIS	SE		AUGI	JST 31,	198	35		1:1	D PM
COURT ON TO DEATH IT CHEVY CHASE USUAL RESIDENCE (IF MIRRING MOME OF CHEST REAL NURSH) IT FATHER'S NAME OTHA IN MANUEL STATE IT FATHER'S NAME OTHA IN MANUEL RESIDENCE (IF MIRRING HOME OF CHEST REAL NURSH) IT FATHER'S NAME OTHA IT FATHE		FEMALE				MONTH	OAY	YEAR	76		YRS	MONTHS	DAYS	HOURS	MIN.
CHEVY CHASE CHEVY CHASE CONTROL ACUTE ONE STEET ADES CONTROL ACUTE ON CONTROL ACUTE	70 BIRTHPLACE STATE OR FOREIGN VIRGINIA		FOREIGN 7b						MONTGOMERY					MD.	
136 COUNTY 136		CHEVY CI	HASE	5212	DORSET A	DDRESS)	PR OTHER INSTITU	TION					DUC!	BUSINES ATIO	N N
TILLER ANNIE BUCC OTHA MIDLE MILLER ANNIE BUCC 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 216-46-7578 WILLIAM H. WISE, SON, 5904 MATDEN 216-46-7578 WILLIAM H. WISE, SON, 5904 MATDEN 18 CAUSE OF DEATH lenter only one couse per line for 17. If young of the underlying couse lost of the underlying couse of the und	13a	IARYLAND	136 COUNT	Y	13c CITY OR TOWN	V 1	YES A NO			PORESS DORSE	T A	VE.	208	815	
Test and burner with the control of the control o	14 F	FIRST	MIC	ODLE	MILLER				ΛE	41			BUC	HER	
18 CAUSE OF DEATH. Enter only one couse per line for 197. In ond of PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO). DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF OUT ON OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO IN CERTIFYING CAUSES OF YES NO YES	160	WAS DECEASED EVE (YES, NO OR UNKNOWN)						H. WI	SE,		B: 904	ETHES MAID	DA, EN	MD. LANE	20817
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK CONTRIBUTION AT WORK CONTRIBUTION AT WORK CONTRIBUTION 22e. I certify that (I) (this hospital) of ended the decessed from the decessed of the contribution of the contri	TION	gave rise to in couse (o), stot underlying couse	y, which nmediate ing the se lost	DUE TO, OR (b) DUE TO, OR (c) DIDITIONS CO	R AS A CONSEQUE	NCE OF							RT 1(0)		
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMINER) 220.1 certify that (I) (this hospital) of ended the decessed from STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (I) (this hospital) of ended the decessed from Sow the decessed alive on obove, (I) (we) (did) (did not view the body of the death DEGREE 220. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	ERTIFICA					OPERATIO			YES 🗌	NO	V CERTI	FYING CA	USES C		1?
PHYSICIAN DIRECTOR PHYSICIAN DIR		OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUI WHILE NOTIATWORK 220.1 certify that (saw the deceo above, (1) (we)	CAUSE OF DEATH ICAL EXAMINER) WHILE I) (this hospitol	HOUR A.A. P.A. 21e PLACE ((AT HOME, STRI	M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA Compared from 19 19 19 19 19 19 19 19 19 1	ARM, ETC.)	21f. EOCATION STREET , 1 and the in (my) (our	9_85	to	CITY OR TOWN	31	COUNT	the co		e) lost
TOPMATION 10/1/85 IMPRODUCTION COPPARTOR AT EVANDOTA TO	23a.	5401	Wesl		23c. N	AME OF CI	22 ADDRESS PEDE	RICA	S P.	PHYSICIAN SA	17	24 SOUNTY A	V.	-81	ENTA
24 FUNERAL DIRECTOR RICHARD RAPP ADDRESS TO C. 1804 T ST., N.W., WASHINGTON, D.C. 20009 SEP 4 1005 Sec. A. W.	24. F	UNERAL DIRECTOR	RICH	ARD RA	PP INC			250 DATE	REC'D. BY R	EGISTRAR 256	. REGIS	TRAR'S SIC	SNATU	RE	IN LA

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO HOSPITAL

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the

1 - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYS FICATE OF DEATH	IENÓ 2	3 5 2	5
DECEASED NAME FIRST BA	ISEL MODIEGARLAND	LAST WITHERS	20 DATE OF DEATH	AONTH DAY YEA	R 26 HOUR
BAYSEL	GARLAND 1	NITHERS		8 26 8.	5 12:15PM
W. 1997	RACE S DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH		EAR IF UNDER 24 HRS
MALE	WHITE SEPT		66	YRS	nours min.
70. BIRTHPLACE (STATE OR FOREIGN 76. COUNTRY) VIRCOINTY	CITIZEN OF WHAT COUNTRY? MARRI	NEVER MARRIED TO	MONTGO		MD.
Parent	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF LUMBER YAR)	WORKING LIFE) INDUST	LUMBER
USUAL RESIDENCE (IF NURSING HOME OR OT 13a. STATE MARYLAN) MUNTC			13e.STREET ADDRESS /		27/2085
14 FATHER'S NAME FIRST FRAN 1	WI THERS	15. MOTHER'S MAIDEN NAMED FIRST	WIDDIE	Kı	NAST C7
160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W		EARVA H. WIT	ADDRES HERS SAME,		
Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost.	PAN L ~ I-	EATIC	CARCINO		PROXIMATE INTERVAL EEN ONSET AND DEATH MONTH
	NDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PAR	Tito
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES [
	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		ED (ENTER NATURE OF INJURY	IN ITEM 18 PART LORPART	2}
OR CONTINUOUS C CAUSE OF DEATH (IF ETHER NOTEY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	23e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
22a.1 certify that (1) (this hospital saw the deceased alive on	8/22 1985	ond that in (my) (prinion (deoth occurred on the dot	e and hour and from	, that (1) () last the couses stated

226 SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22¢ DATE SIGNED

230. BURIAL, CREMATION, REMOVAL

SCHULMAN

23c NAME OF CEMETERY OR CREMATORY FLOWER HILL

RÉDL'AND

MONT.

MD. STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR

24 FUNERAL DIRECTOR
FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

AUG.28,1985

250 DATE REC'D. BY REGISTRAR 260 REGISTRAR'S SIGNATURE AUG 2 8 1985 Suite Dandon-house

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	S
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death artificate be retoined by the hospital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been trained

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE

6	2	5	3	6	

CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYO		G. NO.) \(\alpha\) &a					
	1_DE	CEASED NAME FIRST		MIDDLE	t	AST .	20 DATE OF DEA		DAY YEAR	2b HOUR				
4	(TYPE	ORPRINI) THOU	MAS	m	wai	EBRE		8	10 83	3号 **				
	3 SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAY					
		MALE		UC.	3	04 23		62 YR	S	, and and				
2	7a BI	RTHPLACE ISTATE OR FOREIGN COUNTRY) COUNTRY	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE C	TOR COUNT	NTY OF DEATH	MD				
	-	IVORTOWN OF DEATH		CH FACILITY, GIVE STREET		PITAL	120 USUAL OCCU	AOST OF WORKIN	G LIFE) INDUSTR	O OF BUSINESS OR				
5	13a. S		ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 130 CITY OR TOW SILVER S	/N	136 INSIDE CITY LIMITS?	13e STREET ADDR	SUTHE		DAD 2090				
i	14 FA	THER'S NAME FIRST JOHN	MIDDLE (W))EBKE		15 MOTHER'S MAIDEN NA FIRST THEC	MID	DLE		RIGES				
1		VAS DECEASED EVER IN U.S			JRITY NO.	17 INFORMANT		DDRESS	//LKI	(1023				
1		YES	WW II	471-03-	-0812	JEANETTE R.	_WOEBKE	SAME	AS 13	WIFE				
		18 CAUSE OF DEATH IERT PART I. DEATH WAS CA	er only one couse pe SUSED BY: DIATE CAUSE (o)_	er line for io (b), on	nun Je	simal bleedin	9		APPR BETWEE	OXMATE INTERVAL ENCONSET AND DEATH				
		Conditions, if ony, whic gove rise to immediat couse to, stating th underlying couse los	DUE TO, (DR AS A CONSEQU	ENCE OF	an Jalen				M.				
3	CERTIFICATION	PART 2. OTHER SIGNIFICA				NOT RELATED TO THE TERM	MINAL DISEASE OR	20b. IF	GIVEN IN PART YES, WERE FINI	DINGS USED				
	RTIF			OF IN HIRV		21. 110.00 10.10.00	YES NO		YES	NO 🗆				
1		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF CHIEF EITHER NOTIFY MEDICAL EXA	F DEATH HOUR	DEINJURY A.M. MONTH DI P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	f injury in Item	18 PART I OR PART ?	,				
	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY, OFFICE F	FARM ETC)	211 LOCATION STREET	City	OR TOWN	COUNTY	STATE				
		22a certify that (1) (this to sow the deceased of above, (1) (we) (d.a.) (j.		Medeckand from 19	85	nd that in (my) (our) opinion	, to death occurred on	the date and	hour and from t	that (I+ (we) last couses stated				
		226 SIGNATURE	harum (MILLE	71	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	81	10/25				
		220 MANTINES	PE OR BRING	2 75	at,	ADDRESS (A	1 Onne	gue	mulb	+ MD				
		URIAL, CREMATION, REMO				EMETERY OR CREMATORY	236 LOCATION	WN	CONNET	33.670				
	24 EI	CREMATION JNERAL DIRECTOR FOR	8/14		:TROPO	LITAN CREMATO	ORY A.	LEXANDI		VIRGINIA				
1		00 UNIV. BLVD.	NCIS J. (un o	6.1173	1 9 1985	TOWN TOWN	SISTRAR SSIGN	ATOKE				
	5	UU UNIV. BLVV.	.W SILVE	IN STRING,	1410. 2	0701	" A 100A							

Their Period

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or the state

STATE OF MARYLAND

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1 - STATE REGISTRAR		DEPART		FICATE OF DEATH	REG. N	10.			
T. DECEASED NAME HARR	ETTE	MEDIA .	(.)	OLFFE	28 DATE OF DEATH	8	29	85	75 HOUR 5:57
1.5EX	4 RACE		5. DATE	OF BRTH	A. AGE (MYENELAL) BE	riestinia)		DATE OF	F LPICKET 24 HEL HOURS Miles
Female	Cauca	sian	Se	pt. 12, 1933	- 51	YRS	25.25	Daniel Co.	INCOME. MICH.
Mass.	U.S	WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED	* BALTIMORE CITY O	SE COUN		EATH	м
Silver Spring	Holy	Cross H	ospit		Librarian	OF WORKING	The IN	DUSTRY	Of Cin
	rmont	Miamivi	île	THE INSIDE CITY LIMITS!	Box 129	ZIP SQ	B147	9	1999
Joseph	*600	Leed	es	Rossett				Blůi	'n
166, WAS DECEASED EVER IN U.S. A 1965, NO OR UNINDOWN) I (# 985.0	RMED FORCES?	134-24-2		Sharon Fran	k Fálls Che	snut rch,	∜a.	220	42
Conditions, if ony, which gove size to immediate course to stoffing the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUE	ASTR ENCE OF	CARCINON	743			8 PART 1/4	MONTHS
TIE ACCIDENT WAS UNDERSTAND	1% COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO				OF DEATH?
TIM. ACCOUNT WAS UNDERLYING. OR CONTERUTING	HOUR A	OF INJURY M. MODITH DO M. OF INJURY ANTI-CONCL.	19	THE LOCATION STREET	RED (ENTER HATURE OF HAD			OUNTS	MAN
TIME serrify that (I) Ithis has saw the deceased alive a above, (I) PR (did) (did) TIME SIGNATURE TIME PHYSICIAN'S MAME OF ARMOUNT	D. G. Boy	the wife	MD	DEGREE ATTENDING PHYSICIAN 1 224 ADDRESS LICK	w MEDICAL STA	EFF CHAN []	from the c	SIG/E0 29/85
734 BURIAL CREMATION, REMOVA Cremation	2-			ematory	Washing	ton	cou	MY	D. C

DHMH - 16 60M 7/84

(VRA 15, 4)

14. FUNERAL DIRECTOR Murphy Funeral Home

1102 W. Broad Street Falls Church, Va. 22046

254. DAYE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

La	3	600	Q

	FOR STATE REGISTRAR	DEPARTA		ALTH AND MENTAL HR	IENE REG. NO	D.	(Lan	
	1. DECEASED NAME FIRST	WIDDLE	LA	ST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	(TYPE OR PRINT) DORIS	IRENE	WO	LFHOPE	AUGUST	20.	. 1985	9:58Pm
		4 RACE	5 DATE OF		& AGE (IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 24 HRS
		****	MONTH	DAY YEAR	F.1	MON	IHS DAYS	HOURS MIN.
	FEMALE TO BIRTHPLACE (STATE OR FOREIGN)	WHITE 7b. CITIZEN OF WHAT COUNTRY?	MARCH	22, 1934	51 9 BALTIMORE CITY OF	YRS.	DEATH	
	COUNTRY)		MARRIED	NEVER MARRIED	Y BALTIMORE CITY OF	COUNTYOR	DEATH	
4	Johnstown, Pa.	USA	WIDOWED		MONTGOMERY			MD.
		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		12a USUAL OCCUPATION		17b. KIND OF	BUSINESS OR
d		NIH, THE CLINICA		TER	Homemaker	5.	Hon	ne
>	USUAL RESIDENCE (IF NURSING HOME OR OF 13 COUNTY)	13c. CITY OR TOW	'N I	13d. INSIDE CITY LIMITS? YES NO 😿	13e.STREET ADDRESS /		99	963
	PENNSYLVANIA CAMBI	RIA WINDBE		15 MOTHER'S MAIDEN NA	RD 2, BOX	233M	13	900
1		NIDDLE LAST		Dorothy	MIDDLE		Hoffn	man
29	160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS		
)	(yes, no or unknown) (if yes, give	190-26-	1318	MR. VERNON D.	. WOLFHOPE (HUSBANI	D)	SAME
1		ly one couse per line for (a), (b), an	id to i				BETWEEN O	NATE INTERVAL
	PART I DEATH WAS CAUSED	E CAUSE (o) Cardiopula	monary	arrest			5 mi	nutes
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) Cardiogen: DUE TO, OR AS A CONSEQUE (c) Coronary	ic sho				5 ho	urs
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 110	
-	IPO DATE OF OPERATION AUGUST 20, 198. 210, ACCIDENT WAS UNDERLYING TO THE PROPERTY OF THE	THICKENED AOF		ISEAŚE	200 AUTOPSY? YES X NO	20b. IF YES, W IN CERTIFYING YES [2]	G CAUSES O	
			AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
	ORCONINBUTING CAUSE OF DEAT (IF EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F		211 LOCATION STREET	CITY OF TOV		COUNTY	STATE
	22a I certify that XI) (this hospital sow the deceased alive an above XI) will find the company of the company that the company is the company of the company that the company is the company	AUGUST 20 19	MARCH 85 one	19 59 that in (X) (our) opinion (, to AUGUST_2 deoth occurred on the do	te and hour an	d from the c	hotXII (we) lost ouses stated
	225 SIGNATURE	440	D	EGREE			22¢ DATE S	IGNED
	Moseu	MIUN			MEDICAL STAF	IAN 🗌		t 21,198
	22d. PHYSIC MAN NAME OF	[Pemil]		22e ADDRESS NATIO	NAL INSTITUT	TES OF	HEALTF	1, 9000

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT

Burial Aug. 23, 1985
24 FUNERAL DIRECAPITOL FUNERAL SERVICE Falls Church, Va.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

TOOD ROSENGART, MD

238 LOCATION
CITYOR TOWN TOWNShip

PIKE, BETHESDA, MARYLAND 20205

Pa.

Dunmyer Cemetery AUG 2 8 1985

TARREST TO STATE OF THE STATE O

ental Hygrene prior to burrol. this certificate has been signed

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

. STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

60	3	C	Em	- 7

REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 250 REGISTRAR'S SIGNATUR

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
John	Dowling	Woodward	Aug. 17	1985 8:25a
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	Feb. 18 1901	84 YRS	MONIAS DATS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Pennsylvania	U.S.A.	WIDOWED DIVORCED	Montgomery (County MD.
Gaithersburg	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 947 Clopper	ROBERS Apt.#A-1	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired	126 KIND OF BUSINESS OR INDUSTRY GOV't.
	INTY III CITY OF TO	ersburg No D	13e.STREET ADDRESS / ZIP COL 947 Clopper	20878 Road Apt.#Al
Horace F	Robert Woodwa	rd Is MOTHER'S MAIDEN N	Wood MIDDLE	Moore
160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SEC Give war or Dates) 187–10		Bond 2 Keysto	one Court sburg, Md.20878
Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF			
		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART Tra
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\text{NO} \(\text{\text{O}}\)
			RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 7)
OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIWHILE AT WORK	21e PLACE OF INJURY LIATHOME, STREET FACTORY, OFFICE	FARM. ETC.)	CITY OR TOWN	COUNTY STATE
saw the deceased alive	pital) attended the disceased from 2 19_	X /- C/ C	n death accurred on the date and ha	, 19 that (I) (weslast out and from the causes stated
22b. SIGNATURE		DEGREE		224 DATE SIGNED
X	700	ATTENDING PHYSICIAN	MEDICAL STAFF	8/19/85
224 PHYSICIAN SNAME (THE	Control Control	22e ADDRESS		
Ronald E.	reger	12105 Darn	estown Rd. Ga:	thersburg, Md

236. NAME OF CEMETERY OR CREMATORY 23
Parklawn Mem. Park

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. A should be detoched for use with the State Dept of Heal IMPORTANT: If the

(VRA 15, 4)

Burial 1331 Rockville Pike Rockville, Md. 20852 UG 23

8/20/85,

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Megesta. A filmson

(VR A15 ME (5))

CENTRE DO PARTHAMENTA LENGE CANADAS PAR

STATE OF MARYLAND

6.	0

STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO		*
1 DECEASED NAME FIRST (1YPE OR PRINT) TON	I P	YEATRAS	20 DATE OF DEATH MONTH AUGUST 15	, 1985	26 HOUR 9:30P
3 SEX FEMALE	4. RACE WHITE	5. DATE OF BIRTH MONTH JUNE 22, 1966	6 AGE (IN YEARS LAST BIRTHDAY) . 19 YRS	MONTHS DAYS	IF UNDER 24 HRS
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY		

Virginia IB CITY OR TOWN OF DEATH BETHESDA

III LEU SLALES | WIDOWED DIVORCED [(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

THE CLINICAL CENTER

MONTGOMERY COUNTY 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY School Student

130 STATE COUNTY 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? Frederick VIRGINIA WINCHESTER NO [FATHER'S NAME Peter Yeatras

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c

IMMEDIATE CAUSE 10

15 MOTHER'S MAIDEN NAME MIDDLE Pitsa

Vanechanos

22601

60 WAS DECEASED EVER IN U.S. ARMED FORCES? NO NO OR UNKNOWN LIE YES GIVE WAR OR DATES

PART I. DEATH WAS CAUSED BY

166 SOCIAL SECURITY NO. 17 INFORMANT 227-23-6825 Peter Yeatras (Father)

ADDRESS Same

13e STREET ADDRESS / ZIP CODE

435 JEFFERSON

Minutes

19 Years

Conditions, if ony, which gove rise to immediate couse lol, stoting underlying couse

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF B. Thalassemia

DUE TO OR AS A CONSEQUENCE OF

Hemochromatosis

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Years

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

Cardio respiratory arrest

1		
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. HC
1	21d INJURY OCCURRED	21e

TIME OF INJURY OUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

AT HOME STREET, FACTORY OFFICE, FARM ETC)

211. LOCATION

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (*x (this hospital) attended the deceased from... sow the deceased alive on AUGUST 15 above, K(we) (did) (XXXXI) view the body after death

March

85 __, and that in (mgc) (our) opinion death accurred on the date and hour and from the causes stated

200 AUTOPSY?

NOX

22¢ DATE SIGNED

STATE

SIGNATURE

Burial

MEDICAL DIRECTOR PHYSICIAN

August 16,1985 220 ADDRESS National Institutes of Health, 9000

224 PHYSICIAN'S NAME ITYPE OR Maine 230 BURIAL, CREMATION, REMOVAL

Aug. 1985

Rockville Pike, 23c NAME OF CEMETERY OR CREMATORY

Winchester, Virginia

Bethesda, Maryland 20205

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P.A. Bethesda, Maryland 20814

Mt. Hebron Cem.

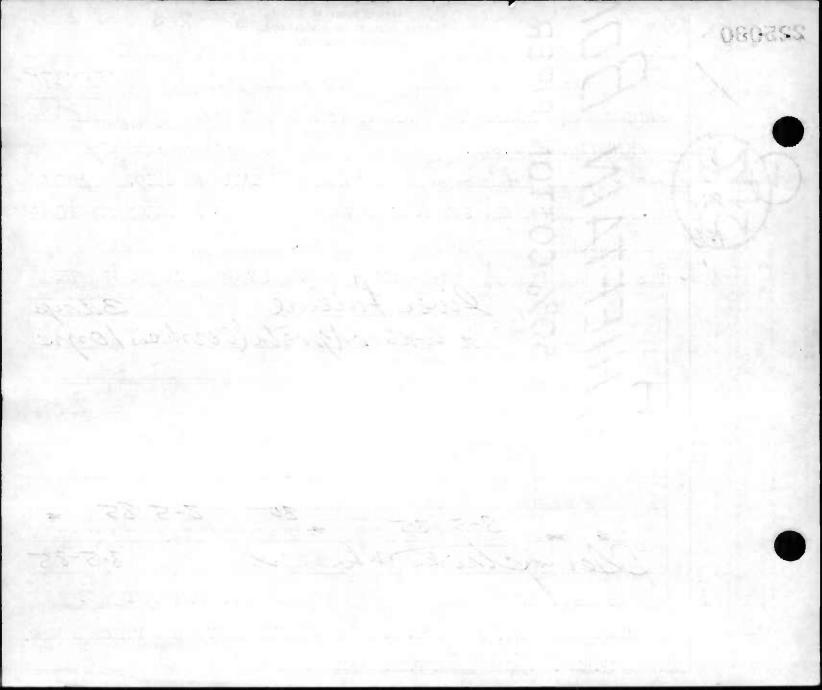
MARYLAND BALTIMORE, 201 W. PRESTON ST., DIVISION OF VITAL RECORDS. à entol Hygi the Stote

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MAKTLAND	Lan	- "	4	7	. 3
RTMENT OF HEALTH AND MENTAL HYGENE	2	6-	V	Rad [®]	-/
CERTIFICATE OF DEATH		DEC NO	18.		

030	1	FOR STATE	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTA		3 5 5 2
George 3	(149	REGISTRAR CEASED NAME FIRST OR PRINT) ROLAND	MIDDLE	CERTIFICATE OF DEATH	REG. NO 20 DATE OF DEATH MOD AGG UST 5	1985 7:37 PM
2 hours of a	3. SE	MALE RTHPLACE (STATE OR FOREIGN COUNTRY)	CAUCASTAN 76 CITIZEN OF WHAT COU	S DATE OF BIRTH MONTH DAY FEB 2 1916 NTRY? 8 MARRIED NEVER MARRIED	8 BALTIMORE CITY OR C	MONTHS DAYS HOURS MIN.
A CANAL TO	10. C	WASHINGTON, ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWED DIVORCED	11ontyone	126 KIND OF BUSINESS OR DRKING LIFE) INDUSTRY
	13a	AL RESIDENCE (IF NY SING HOM STATE 136 CC MARYLAND MO ATHER'S NAME	E OR OTHER INSTITUTION GIVE RESIDENCE DUNTY 134 CITY OF NTGOMERY SIL	E BÉFORE ADMISSION 13d INSIDE CITY LIMI R TOWN 13d INSIDE CITY LIMI VER SPR TNG X NO [IS MOTHER'S MAIDE	ITS? 13e STREET ADDRESS / ZI 2 305 D	
Service And	160.	SHELBY NAS DECEASED EVER IN U.S.	ARMED FORCES? THE SOCIA		E ADDRESS	BAKER
Poper /			GIVE WAR OR DATES)			AME AS 13 WIFE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
n signed by the ottend. Then please remove ca to burial, cremation, a injury, or other traumot	NO	Conditions, if ony, which gove rise to immediate couse lot, storing the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTION	wanceapo	Malcein E TERMINAL DISEASE OR CONDITI	
in permit	CERTIFICATION	19a DATE OF OPERATION		WHICH OPERATION WAS PERFORMED	YES NO	IS IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES NO
this certificate buriol-transition and Mental Hyg	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEETHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONT	H DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2) COUNTY STATE
TOR. After for use as th of Health or 21 is marke		sow the deceased alive	ospital) attended the eleceased on	from 19 19 19 19 19 19 19 19 19 19 19 19 19	50 to 5-	that III lost ond hour and from the causes stated
should be detached with the State Dept.	-	226 SCHATSICIAN'S NAME IN	restro	22e ADDRESS	IAN TO DIRECTOR PHYSICIAN	
O share	230	BURIAL, CREMATION, REMOV		23c NAME OF CEMETERY OR CREMAT	CITY OR TOWN	COUNTY STATE
1 - 16 60M 7/B4 VRA 15, 4)	24 F		8/7/85 ICIS J. COLLINS	DRESS	ON DATE REC'D. BY REGISTRAR 256.	



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low requires that the death certificate be executed within 24 hours after alean	100 (01

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE S

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGENE 2 2 3 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								S
		CEASED NAME FIRST	MIDDLE	7-16	RKLE	20. DATE OF DEATH MON	11/85	26 HOUR 10 25 A M
	-	EMALE /	WHITE QUEASE	S DATE O	PERTH YEAR 96	6 AGE (IN YEARS LAST BIRTHDA'	YRS IF UNDER I YEAR MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
1	V	RTHPLACE ISTATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED		Mout 60	MERY O	O. MD.
	6	ROCKULLE AL RESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NU (IE NOT IN SUGHFACILITY, GIVE S	LUTHE	ROTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEMAKER		AKING
1	130 5	TATE 136 COUNTY SHENI			13d INSIDE CITY LIMITS? YES NO DO	13e STREET ADDRESS / ZII	CODE SY A	99
0		FIRST	MIDDLE LAST HUFT MED FORCES? 166 SOCIALS		ADA 17. INFORMANT	FLORENCE	DOVAL	
1		YES NO OR UNKNOWN) I IF YES, GIV	E WAR OR DATES)	4-4139	MAT LUTH HUM		DZIRKLE DX 21 AELFTIN	
		18 CAUSE OF DEATH LEMES OF PART I. DEATH WAS CAUSE IMMEDIAT		NATE INTERVAL NSET AND DEATH				
		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	5 4	tro.				
2	CERTIFICATION	PART 2 OTHER BIGNIFICANT OF COMMENTS OF OPERATION	ONDITIONS CONTRIBUTING 19b. CONDITION FOR WE	, Hes	ut Rusea	1200 AUTOPSY? 1201	DIN GIVEN IN PART 110	GS USED DE D
1		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	214 HOW INJURY OCCUR	RED (ENTER MATURE OF INJURY IN	ITEM TE PART (OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	2 PLACE OF INJURY (AT HOME STREET, FACTORY, OFF		214 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220-1 certify that (I) (this hosping saw the deceased alive an above, (I) (we) (did) (did no	aus. 10	9 <u>65</u> , on	d that in (my) (over) opinion	deoth occurred on the date o	and hour and from the co	
7		22h SIGNATURE TO THE SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	M- ann	m	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATES	1. A5
	22.0	HAROLD 1	= MC AN	N NAME OF C	3355-16	123d LOCATION	· WASI	4.00,
	-	BURLAL	AUG.14,1985		L LUTH.CEMET	ERY NEW MARI		
		SONG CO., INC	1300 N STREET,	NW WAS	H., DC AUG 2	REC D. BY REGISTRAR 256	REGISTRAR'S SIGNATU	RE2

DHMH - 16 60M 7/84

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SICIAN: T	certificate iriol-fransit entol Hygii them 18 sh		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	DE INJURY M. MONTH DA M.	Y YEAR	/ INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)	
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24 FUNERAL DIRECTOR
NAME
Anatomy Board

23s. BURIAL, CREMATION, REMOVAL

Removal

236. DATE

8/12/85

Balto., Md.

23c. NAME OF CEMETERY OR CREMATORY

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

STATE

23d LOCATION

